

丹参及其主要成分对肺纤维化作用机制的研究进展

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摘要

肺纤维化是由于肺组织遭到破坏, 正常结构被大量纤维细胞所取代, 并产生由胶原蛋白等组成的细胞外基质, 影响肺通气功能, 导致呼吸困难等一系列症状, 极大地影响了人体健康与日常生活。其病因未完全明确, 且目前临床治疗手段较为有限, 效果不佳。因此, 寻找有效且安全的治疗药物是研究的主要方向。丹参是一味活血化瘀的佳品, 现已从中提取出多种有效药理成分如丹参素、丹参酮IIA、丹参酚酸、隐丹参酮等, 可通过作用于多种信号机制, 以此抑制肺纤维化的形成。本文对现有相关研究进行综合整理, 以期为今后丹参应用于肺纤维化的临床治疗提供可靠的理论依据。

关键词

丹参, 肺纤维化, 作用机制

Research Progress on the Mechanism of Action of *Salvia miltiorrhiza* and Its Main Components on Pulmonary Fibrosis

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Abstract

Pulmonary fibrosis is caused by the destruction of lung tissue, where the normal structure is

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replaced by a large number of fibroblasts and an extracellular matrix composed of collagen is produced, which affects lung ventilation function and leads to a series of symptoms such as breathing difficulties, greatly affecting human health and daily life. The etiology is not fully understood, and currently clinical treatment methods are limited, resulting in poor efficacy. Therefore, finding effective and safe therapeutic drugs is the main direction of research. *Salvia miltiorrhiza* is a great herb for promoting blood circulation and removing blood stasis. Various effective pharmacological components have been extracted from it, such as danshensu, tanshinone IIA, salvianolic acid, cryptotanshinone, etc. It can inhibit the formation of pulmonary fibrosis by acting on various signaling mechanisms. This article comprehensively summarizes existing relevant research in order to provide reliable theoretical basis for the clinical treatment of pulmonary fibrosis using Danshen in the future.

Keywords

Salvia miltiorrhiza, Pulmonary Fibrosis, Mechanism of Action

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1. 引言

肺纤维化(pulmonary fibrosis)是一种临床常见的肺间质性疾病。其主要病理结构是肺泡炎症、肺泡结构和功能破坏,最终导致不可逆的纤维化瘢痕增生,引起以呼吸困难为主的一系列症状,对人体产生严重的影响[1]。据统计,50岁以上人群发病率较高,预后差,多数生存期为2~5年,并且随着环境变化和年龄增长发病率逐渐增高[2]。目前临床医学治疗手段主要包括免疫抑制剂、糖皮质激素、新型抗纤维化药物及肺移植,尼达尼布与吡非尼酮是最常用的治疗药物,可有效提高肺通气功能,但其价格昂贵且不良反应较多[3][4]。因此,开发出更为安全、有效的药物是临床亟待解决的问题。

丹参作为临床常用的中药,最早见于《神农本草经》,其性味苦、微寒。具有活血祛瘀、通络止痛、清心除烦、凉血消痈的功效,广泛用于治疗心脑血管与肺部疾病[5]。研究表明,丹参化学成分主要分为脂溶性和水溶性两大类。现已提取出的成分主要包括丹参酮I、丹参酮IIA、丹参醇A/B、隐丹参酮、丹酚酸A/B/C/D/E/F/G、丹参素、石精酸镁B、迷迭香酸等[6]。目前多数成分已被证实对肺纤维化形成有抑制作用。

2. 肺纤维化发病机制

肺纤维化的机制较为复杂,尚未完全明确。现代医学认为,在遗传、生活方式、环境及免疫等因素的影响下[7]-[9],肺部正常结构损伤,在巨噬细胞和淋巴细胞等免疫细胞的作用下,产生炎症与氧化应激反应,激活凝血纤溶系统进行修复。在危险因素持续存在下,损伤与修复反复进行。使肺泡上皮细胞及内皮细胞经一系列信号传导机制的作用,转为间充质细胞,进而激活成纤维细胞和肌成纤维细胞,并产生胶原蛋白沉积,最终形成肺纤维化,阻碍肺通气功能的正常进行。而根据肺纤维化的临床症状,可将其归为传统中医“肺痿”、“肺痹”的范畴。关于“肺痿”的描述最早见于《金匮要略》[10]。其主要病机为肺气虚损,痰瘀阻络。补肺益肾,化痰通络法在临床取得了显著疗效[11][12]。目前国内对丹参治疗肺纤维化无统一认识,所以现对其进行综合概述。

2.1. 抑制上皮-间充质转化(EMT)

肺泡正常功能由I型呼吸道上皮细胞和血管内皮细胞相互融合来维持,使氧气与二氧化碳气体交换

得以进行。异常活化的肺泡上皮细胞转化为间充质细胞,是肺纤维化形成的早期病理变化[13]。因此,抑制 EMT 是治疗肺纤维化的重要途径。TANG 等[14]通过对博来霉素诱导的肺纤维化大鼠模型腹膜给予丹参酮 IIA (15 mg/kg)的试验研究发现,丹参酮 IIA 抑制了转化生长因子 β 1 (TGF- β 1)触发的 EMT。李金莲等[15]将丹参部分有效成分对肺部纤维化细胞的影响进行对比,发现丹酚酸 A 与丹酚酸 B 对 EMT 的抑制作用相较其他成分更强,其主要作用为抑制 TGF- β 1 诱导的肺上皮细胞(A549 细胞)病理性增殖及 I 型胶原蛋白的形成。同时,丹酚酸 B 可通过抑制 A549 细胞增殖与 MAPK 通路,减少成纤维细胞与肌成细胞的形成[16]。隐丹参酮及丹参素经试验证实均可通过抑制 TGF- β 1 阻止成纤维细胞的生成与 EMT 的发生[17] [18]。以上试验均证实了丹参有效成分可作用于 TGF- β 1 等信号因子,使 α -平滑肌肌动蛋白(α -SMA)和波形蛋白(vimentin)以及细胞间粘附分子 E-钙粘蛋白的表达被部分逆转,从而减少肺上皮细胞受损,阻断其向间质细胞的转化。

2.2. 抑制内皮细胞 - 间充质转化(EndMT)

现代研究表明,肺血管内皮细胞是间充质细胞增殖的来源之一[19]。纤维化的状态下,肺泡的完整性被破坏,取而代之的是大面积的血管集聚[20]。在各种致病因素影响及多种信号通路介导下,血管屏障被破坏,由大量炎症细胞、免疫细胞以及巨噬细胞浸润,阻止了血管内皮细胞修复,并通过多种信号通路转化为成纤维细胞 - 肌成纤维细胞,从而形成肺纤维化[21] [22]。Yuan 等[23]的试验证实丹酚酸 A 可增加 Smad1/5 的磷酸化水平,抑制 Smad2/3 的磷酸化水平,抑制因缺氧导致的肺血管内皮 - 间充质的转化过程。Liu 等[24]经研究发现丹酚酸 B 可抑制炎症细胞的浸润和炎性细胞因子的产生,对博来霉素诱导的大鼠模型有很强的抗炎作用。并且可保护内皮细胞不受氧化应激反应损伤,减少细胞凋亡。张[25]的研究发现,隐丹参酮可以使脂多糖诱导的肺纤维化小鼠中内皮相关标志物升高,而间质细胞标志物降低,但其具体发生机制有待进一步探究。同时丹参可抑制内皮细胞因子 VEGF 的上调,减少受损血管内皮增殖转化为间质细胞[26]。

2.3. 抗炎抗氧化应激

肺中过量产生的自由氧和抗氧化剂减少之间的不平衡是氧化应激产生的原因,生理水平的氧化应激反应受到机体自我防御机制的保护,但过量产生可导致肺组织发生一系列病理反应,包括炎症反应、组织坏死、凋亡,衍变为纤维化。活化氧(ROS)是其发生的主要原因之一,并且在细胞信号传导过程中有调节炎症的作用[27]。因此,抗炎抗氧化应激对于肺纤维化的治疗起到关键作用[28]。Peng 等[29]的试验证实丹参乙酸乙酯提取物可稳定 Nrf2 蛋白并促进 Keap1 蛋白降解来减少成纤维细胞中活化氧的产生,同时下调氧化酶 Nox4,缓解博来霉素诱导大鼠的氧化应激反应。刘晓莹等[30]的试验发现丹酚酸 A 可以调控 Notch1 信号通路来减少活性氧及自由基的产生,抑制氧化应激对肺组织产生的影响,有效抑制胶原蛋白沉积。丹酚酸 B 可通过调节抗氧化酶的表达减少活化氧的产生,主要通过调节 Nrf2/Keap1 通路实现[31]。同时,丹酚酸 B 通过抑制 MAPK 和 NF- κ B 两种信号通路来降低肺内皮细胞通透性并减少促炎症细胞因子的表达[24]。丹参酮 IIA 可激活 Nrf2 蛋白来抑制 ROS 生成,阻断 PKC δ /Smad3 信号传导,恢复氧化还原平衡,有效阻止肌成纤维活化[32]。徐华等[33]的研究发现丹参 IIA 可以抑制 iNOS 通路从而减少相关炎症因子 TNF- α 、IL-1 β 及 IL-6 的分泌,阻止因炎症反应形成的肺部结构的纤维化。郭飞等[34]经试验证实丹参素可以清除过量的自由基,恢复氧化平衡,减轻炎症对肺组织细胞产生的损伤。

2.4. 减少细胞外基质沉积(ECM)

细胞外基质以胶原蛋白为主要成分,同时由蛋白聚糖、弹性蛋白、纤连蛋白等物质构成[35]。由于感染、自身免疫等因素引起的间充质细胞增多,导致肌成纤维细胞的形成,经过多种机制激活后,分泌大

量胶原蛋白,其过度沉积是肺纤维化的主要病理结构[36]。已有研究证明,血管紧张素转换酶 2/血管紧张素-(1-7)/Mas 轴(ACE-2/ANG-(1-7)/Mars 轴)可以通过多种通路减少炎症与细胞外基质的形成[37] [38]。Wu 等[39]经研究证实,丹参酮 IIA 可以使纤维化大鼠体内 ACE-2 与 ANG-(1-7)水平显著升高,以此减低血管紧张素 II 引起的炎症反应,并明显降低 TGF- β 水平 1,阻止胶原沉积。丹酚酸 A 可增加纤维化大鼠肺部细胞中 p53 和 p21 的表达,诱导细胞周期凋亡,抑制成纤维细胞粘附、增殖及迁移,显著减弱肺泡壁厚度及细胞外胶原沉积[40]。石精酸镁 B 能够调节 TGF- β /Smad 通路,抑制肺成纤维细胞分化和 II 型肺泡上皮细胞胶原蛋白的生成[41]。Zhang 等[42]研究发现隐丹参酮通过抑制 TGF- β /Smad 信号通路,减少了肺纤维化大鼠中 I 型胶原、III型胶原及纤连蛋白的沉积,且其作用效果与用药浓度有关,低浓度隐丹参酮抑制效果更为明显。隐丹参酮还可以通过增加一种抗纤维化形成的基质金属酶 MMP-1 的形成,减少细胞外基质的沉积[43] [44]。Liu 等[18]研究发现丹参素可作用于 MEK/ERK 信号通路,抑制肺间质胶原蛋白沉积及成纤维细胞的增殖,从而延缓肺纤维化的发展。

2.5. 抑制巨噬细胞极化

巨噬细胞做为机体中的免疫细胞,由于肺组织受损,在多种炎症因子的影响下,巨噬细胞分化为不同的表型,导致原有的功能紊乱,组织修复出现异常[45]。现已发现的表型主要有 M1、M2 等。其可以产生趋化因子、基质金属酶(MMP)、金属蛋白酶组织抑制剂(TIMPs)和纤连蛋白,从而促进肌成纤维的生成[46] [47]。M1 型巨噬细胞可转化为 M2 型,两者之间的平衡失调也是肺纤维化形成的原因[48] [49]。丹酚酸 B 与丹参酮 IIA 磺酸钠可作用于 LPS-TLR4/NF- κ B 信号通路,从而减少 M1 型巨噬细胞分泌 IL-1 β 与 TNF- α 蛋白,抑制组织炎症反应[50]。Zhao 等[51]通过研究观察到丹参酮 IIA 减少了 LPS 诱导的肺损伤大鼠中 M1 巨噬细胞的水平,同时调节了巨噬细胞极化,阻止炎症分子的产生,使肺泡上皮修复得以正常进行。隐丹参酮可激活腺苷酸活化蛋白激酶(AMPK)信号通路以调节巨噬细胞极化过程,促进 M1 型转化为 M2 型,减轻组织炎症反应,抑制肺纤维化的发生[52]。

2.6. 调节凝血纤溶系统

多种病理因素引起肺泡上皮与血管内皮细胞受损,肺泡毛细血管正常屏障被破坏,血小板聚集粘附,激活内源与外源凝血纤溶系统,在多种凝血因子、凝血酶及纤溶酶原的作用下,共同修复破损血管壁。但由于纤维化产生的细胞外基质的存在,使凝血-纤溶系统的平衡与免疫系统的稳定被破坏,是纤维化发生的重要诱因[53]。研究发现,尿激酶纤溶酶原激活剂(uPA)及其受体(uPAR)是溶解纤维蛋白的重要因子,可对炎症反应的发生产生影响,血管和免疫系统稳态,在纤溶系统中有着重要作用[54]。缺乏 uPA 的小鼠高度易出现纤维化,而缺乏纤溶酶原激活剂抑制剂(PAI-1)的小鼠对纤维化的形成具有抵抗力。表明在肺泡毛细血管损伤期间诱导 PAI-1 和抑制 uPA 会导致纤维化的形成[55]。李晗等[56]发现博来霉素诱导的纤维化大鼠血浆中凝血因子大量升高,肺组织中 t-PA 蛋白表达下降,PAR-2、PAI-1 表达水平上调,雾化吸入丹参有效成分丹酚酸盐与丹参酮 IIA 后,血浆中凝血因子含量降低,t-PA 蛋白水平升高,PAR-2、PAI-1 水平降低。表明这两种有效成分可以通过调整凝血纤溶系统的平衡减轻肺纤维化的进展。田淑霞等[57]经试验发现丹参酮显著降低了肺组织中 PAI-1 的表达,调控其与 UPA 之间的平衡,从而减少细胞外基质的沉积。

3. 结语与展望

肺纤维化的发病过程及其机制较为复杂,虽然丹参及其有效成分治疗肺纤维化的相关研究取得了较大的进展,但仍存在不足。首先,现有研究多为动物实验,缺乏临床试验观察,无法了解其安全性及临床疗效。其次,多数试验只局限于单个成分及其作用机制的研究,对各成分之间的相互作用研究不够充

分, 且对部分已知发病机制, 如内质网应激、铁死亡及细胞自噬等[58]-[60], 丹参是否能起到干预作用, 需更深刻的探究。此外, 由于肺纤维化的发病机制未完全明确, 导致中药治疗研究有限, 且如何将丹参进一步研制出可供临床使用的新药, 是亟待解决的难题。日后研究应基于真实世界, 结合药理学与生物信息理论技术, 探究更多有效成分及其治疗靶点, 并增加临床试验分析, 更加全面认识丹参对肺纤维化的治疗效果, 研制出更为安全有效的药物。

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