

中药提取物干预矽肺纤维化的研究进展

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摘要:

矽肺患者长期吸入结晶二氧化硅颗粒后, 组织病理学出现矽结节及肺纤维化, 难以逆转及恢复。矽肺的发病机制研究及治疗策略显著落后于医学进展及临床需求, 导致该病仍是棘手的临床难题, 中药提取物及复方制剂现已成为近年探索矽肺治疗策略的热点问题。本文阐述了矽肺致肺纤维化的主要病理过程, 总结出转化生长因子 $\beta 1$ (TGF- $\beta 1$)/Smad 信号通路、氧化应激反应、凋亡及自噬为最重要的致病机制, 概述了不同中药提取物干预上述机制的研究进展、作用靶点及干预效果, 为中药提取物抑制肺纤维化的理论与临床研究提供一定的科学依据。本文提出在今后的研究工作中可继续深入研究矽肺的发病、进展机制及药物治疗策略, 并注重基础研究向临床实践转化, 以期改变矽肺纤维化难以控制及逆转的临床现状。

关键词: 矽肺; 肺纤维化; 中药提取物; 治疗; 干预

Research progress of traditional Chinese medicine extracts in intervention of fibrosis caused by silicosis HANG Wenlu^{1,2}, WU Qi³, ZHAO Ying⁴, ZHOU Xianmei¹ (1. Affiliated Hospital of Nanjing University of Traditional Chinese Medicine, Nanjing, Jiangsu 210023, China; 2. Department of Respiratory and Critical Care Medicine, Second Affiliated Hospital of Xuzhou Medical University, Xuzhou, Jiangsu 221000, China; 3. Department of Physiology, Xuzhou Medical University, Xuzhou, Jiangsu 221000, China; 4. Department of Respiratory, Xuzhou City Hospital of Traditional Chinese Medicine, Xuzhou, Jiangsu 221000, China)

Abstract:

Silicotic nodules and pulmonary fibrosis are histopathological appearance in silicosis patients after long-term inhalation of crystalline silica particles, and are difficult to reverse and recover. Research on the pathogenesis and treatment strategies of silicosis has significantly lagged behind medical progress and clinical needs, resulting in the disease remaining a thorny clinical problem. Traditional Chinese medicine extracts or compound preparations have become a hot issue in exploring silicosis treatment strategies in recent years. This paper described the main pathological processes of pulmonary fibrosis caused by silicosis, followed by introducing its main pathogenesis mechanisms, including transforming growth factor- $\beta 1$ (TGF- $\beta 1$)/Smad signaling pathway, oxidative stress reaction, apoptosis, and autophagy. In addition, it briefly described the research progress, targets, and intervention effects of selected traditional Chinese medicine extracts, which provides a scientific basis for the theoretical and clinical research of traditional Chinese medicine extracts in inhibiting pulmonary fibrosis. To change the clinical status quo of silicosis fibrosis which is difficult to control and reverse, the paper proposed that we can further explore the pathogenesis and progression mechanisms of silicosis and drug treatment strategy, and focus on the transformation of basic research into clinical practice.

Keywords: silicosis; pulmonary fibrosis; traditional Chinese medicine; treatment; intervention

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矽肺是长期吸入游离二氧化硅(SiO_2)含量较高的粉尘并在肺内潴留而引起的职业病, 以肺部弥漫性纤维化为主要表现^[1]。我国受矽尘影响严重, 截至2018年底, 共有职业性尘肺病87万余例, 2019年又新增15898例^[2], 此外, 考虑到大量含硅材料的工业应用, 估计全球数以千万计的工人直接暴露于这种矿物质中^[3]。因此, 探索矽肺发病机制及研究可延缓或阻断矽肺致肺纤维化进展

的药物与措施具有重要的现实意义。

参与矽肺发生发展最重要的细胞是肺泡巨噬细胞(alveolar macrophage, AM)和肺泡上皮细胞(alveolar epithelial cell, AEC),此外,树突状细胞、肌成纤维细胞(主要由肺固有纤维细胞和上皮细胞转化而成)聚集和细胞外基质沉积也发挥重要作用。 SiO_2 颗粒吸入后,被AM吞噬成为尘埃细胞,此后AM可协同AEC释放大量活性氧(reactive oxygen species, ROS)参与氧化应激反应,通过溶酶体损伤^[4]及钾外流^[5]等途径激活核苷酸结合寡聚化结构域(nucleotide binding oligomerization domain, NOD)样受体家族3(NOD-like receptors, NLRP3)炎症小体,激活释放炎症介质白细胞介素-1 β (interleukin-1 β , IL-1 β)、白细胞介素-18(interleukin-18, IL-18)等细胞因子诱导上皮间充质转化(epithelial mesenchymal transition, EMT)^[6],并参与含半胱氨酸的天冬氨酸蛋白水解酶依赖性细胞焦亡^[7]。AM可极化为M1、M2型,发挥促炎、促纤维化及抗原提呈作用,使肺成纤维细胞增殖及胶原合成与分泌增加,通过凋亡与自噬促进矽肺纤维化形成^[8]。此外,AEC在粉尘作用下也会破坏气道屏障,由紧密连接、缝隙连接、黏着连接、细胞半桥粒组成的细胞间连接复合体受损,促进上皮细胞衰老、凋亡,释放转化生长因子 β 1(transforming growth factor- β 1, TGF- β 1)等促纤维化细胞因子,促使间充质细胞增生、分化,刺激成纤维细胞向肌纤维细胞转化^[9]。在矽肺病变由肺泡炎转为纤维化的过程中,激活TGF- β 1/Smad(small mother against decapentaplegic)信号通路、氧化应激反应及自噬与凋亡是最重要的致病机制。 SiO_2 致肺纤维化的主要机制见图1。

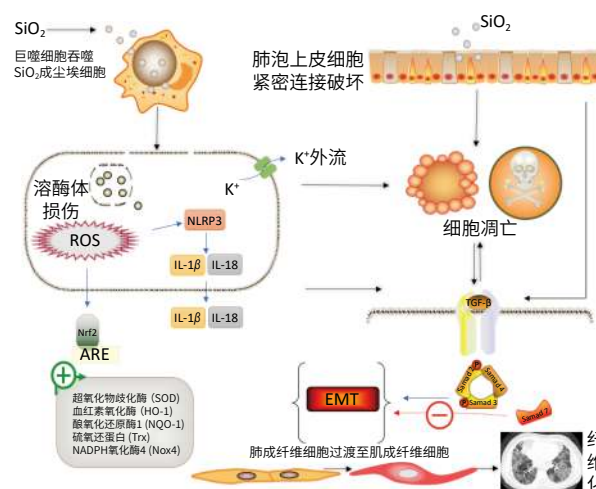
目前尚无有效的药物逆转矽肺诱导的肺纤维化^[10],同时,全肺灌洗、肺移植及干细胞治疗等非药物干预方式因收益与风险不确切也未成为矽肺的一线治疗策略^[11],中药提取物抑制肺纤维化进程成为矽肺治疗性研究的一个方向。中草药粉防己提取物粉防己碱可抑制矽肺胶原蛋白合成和成纤维细胞增殖,现已进入尘肺治疗的专家共识^[12]。本文将阐述矽肺致纤维化的主要发病机制,重点概述不同中草药提取物干预矽肺致纤维化发病进程作用机制的研究进展,为中药提取物抑制肺纤维化的理论与临床研究提供一定的科学依据。

1 激活 TGF- β 1/Smad 信号通路

1.1 致病机制

AM及AEC在 SiO_2 刺激下均会分泌TGF- β 1,通过

TGF- β 1/Smad信号通路,从细胞增殖、分化、迁移、免疫调节和细胞外基质转化方面广泛参与纤维化的发展过程^[13-14]。信号传感器Smad蛋白家族能够被TGF- β 1诱导细胞膜受体直接激活,使Smad2和Smad3磷酸化,与Smad4形成三聚体,易位至细胞核内与转录因子相互作用,形成转录复合物,诱导EMT,出现上皮细胞标志性蛋白E-钙黏蛋白(E-cadherin, E-cad)表达下降,肌成纤维细胞标志性蛋白 α 平滑肌肌动蛋白(α -smooth muscle actin, α -SMA)表达增加。该通路中,Smad2和Smad3可促进TGF- β 1介导纤维化^[15],Smad7发挥负反馈作用,阻断TGF- β 1介导的矽肺纤维化进程^[16]。



[注] SiO_2 , 二氧化硅; ROS, 活性氧; Nrf2, 核转录因子红系2相关因子2; ARE, 抗氧化反应构件; NLRP3, 核苷酸结合寡聚化结构域样受体家族3; IL-1 β , 白细胞介素-1 β ; IL-18, 白细胞介素-18; TGF- β , 转化生长因子- β ; EMT, 上皮间充质转化。

图1 SiO_2 致纤维化的主要机制

Figure 1 The main mechanism of fibrosis induced by SiO_2

1.2 中药提取物干预 TGF- β 1/Smad 信号通路的作用机理

研究发现,姜黄素固体分散剂^[17]与虫草菌粉^[18]均可降低矽肺模型肺组织TGF- β 1的表达,产生抗纤维化作用。木犀草素^[19-20]则能够通过抑制矽肺大鼠和染尘AM中NLRP3炎症小体的活化,进而抑制IL-1 β 、IL-18和TGF- β 1表达,减轻炎症反应和纤维化;大黄素^[21-23]也被发现可通过抑制矽肺小鼠Smad3和核因子 κ B(nuclear factor- κ B, NF- κ B)磷酸化,增加E-cad水平,降低波形蛋白水平,同时还可通过靶向沉默信息调节因子1降低去乙酰化Smad3的水平,减轻胶原沉积,进而抑制纤维化进程。与这类中药提取物作用机制相似,美洲大蠊^[24]、黄根多糖^[25]也可降低 α -SMA和I型胶原蛋白以及TGF- β 1、促炎因子肿瘤坏死因子 α (tumor

necrosis factor- α , TNF- α)及 IL-1 β 的表达,抑制炎症反应和 EMT 的发展。另有研究发现,丹参酮 IIA^[26-27] 可调控 EMT 和 TGF- β 1/Smad 信号通路,并同黄芪甲苷^[28-29] 类似,逆转矽肺大鼠 I 型胶原、纤维连接蛋白和 α -SMA 的过表达,干预 SiO₂ 导致的肺纤维化。此外,薯蓣皂苷^[30] 可改善 SiO₂ 诱导的先天免疫应答(典型的巨噬细胞)、适应性免疫应答(淋巴细胞)和 Th 免疫应答,还能通过减少纤维细胞的募集,保护 AEC 免受损伤,减少成纤维细胞活化,发挥抑制纤维化作用。

除了单一中药提取物,中药复方制剂也可通过干预 TGF- β 1/Smad 信号通路抑制矽肺致纤维化进程。大黄廑虫丸^[31] 由大黄、黄芩、甘草等 12 味药物组成,可呈剂量、时间依赖性调控 TGF- β 1/Smad 通路抑制小鼠矽肺模型和 AM 的肺纤维化进程。益肺化纤方^[32] (含西洋参、三七、山萸肉等 8 种中药)和化纤中药颗粒^[33] (含金荞麦、防己、侧柏等 7 种中药)则均可抑制矽肺大鼠 TGF- β 1 及 Smad3 等的表达,减少胶原沉积。此外,抗肺纤中药颗粒^[34] (含金荞麦、地榆、苍术等 12 种中药)还可升高肺组织 E-cad 表达,降低波形蛋白表达,抑制 SiO₂ 诱导的 EMT。同时,临床研究也发现,含有黄芪、丹参等药物的参芪益肺汤^[35],可明显降低早期尘肺患者血清中的 TGF- β 1 水平,改善患者的临床症状及肺功能。

2 氧化应激反应

2.1 致病机制

氧化应激在环境颗粒引起的疾病发生、发展中发挥关键作用^[36]。核转录因子红系 2 相关因子 2 (nuclear factor erythroid 2-related factor 2, Nrf2) 是细胞氧化应激反应中的关键因子。稳态下, Nrf2 与 Kelch 样 ECH 关联蛋白 1 (Kelch-like ECH-associated protein1, Keap-1) 结合, Nrf2 会通过持续泛素化降解,防止其积累和激活^[37]。SiO₂ 暴露后,可导致丙二醛 (malondialdehyde, MDA) 和 ROS 的过量积累^[38], Keap-1 被灭活, Nrf2 被转位至细胞核中,直接与抗氧化反应构件 (antioxidant response element, ARE) 结合,诱导超氧化物歧化酶 (superoxide dismutase, SOD)、血红素氧化酶、醌氧化还原酶 1、硫氧还蛋白等多种抗氧化基因的表达^[39]。研究表明,还原型烟酰胺腺嘌呤二核苷酸氧化酶 4 可诱导 ROS 产生,并增强肌成纤维细胞对 TGF- β 1 的激活,通过 TGF- β 1/Smad3 通路介导氧化还原信号^[40],之后, TGF- β 1 可增加 α -SMA 其他细胞外基质蛋白表达,进一步诱导细胞毒性、氧化应激和肺部炎症^[41]。

2.2 中药提取物干预氧化应激反应的作用机理

研究发现,染尘巨噬细胞 (Raw 264.7) 能够诱导细胞内 ROS 的积累,使成纤维细胞存活率增加,而丹参酮磺酸钠^[42] 可通过促进 AEC 中 Nrf2 的核易位,在矽肺早期抑制 ROS 的产生,同时还可通过上调体外肺成纤维细胞的 Nrf2 和硫氧还蛋白系统通路来增强抗氧化活性,在矽肺晚期发挥抗纤维化作用;另有研究发现,黄芪、黄芪多糖、黄芪总苷^[43]、黄芩黄酮^[44] 以及从白毫银针、白牡丹中获得的白茶提取物^[45],均可提高矽肺模型的 SOD 活性,减轻脂质过氧化损伤,发挥抗氧化和清除自由基的作用。白及多糖^[46] 可提高矽肺大鼠血清 SOD 水平,降低 MDA 和一氧化氮含量,但不能有效抑制肺纤维化;而药效组分主要为菲类、二氢菲类和苜蓿类化合物的白及小分子^[47] 除具有抗氧化活性,还能降低 NF- κ B、IL-1 β 、TGF- β 1、血小板衍生生长因子、TNF- α 含量,降低血清羟脯氨酸含量,延缓、改善肺组织纤维化;同时,进一步研究发现白及乙醇提取物^[48] 二氢菲类化合物能够通过抑制 AM 的增殖和炎症因子的分泌,发挥潜在的矽肺治疗作用。萝卜硫素^[49] 则可通过 Nrf2/ARE 通路使矽肺大鼠肺组织中 I 型、III 型胶原蛋白含量减少,降低 MDA 含量和 Keap-1 表达,增加 SOD、谷胱甘肽含量及 Nrf2、ARE 表达,减轻氧化应激反应。而地龙提取物^[50] 则能通过激活 Nrf2 通路减弱硅诱导的氧化应激反应,进一步抑制上皮细胞线粒体凋亡及 EMT,干预矽肺纤维化。

此外,中药复方制剂同样可通过干预氧化应激反应的方式影响矽肺纤维化的进程,研究发现低剂量雾化吸入吸附排尘中草药制剂^[51] (由甘草、菊花、罗汉果、贝母等中草药提取液复合陈醋、蜂蜜等成分混合而成),可降低 MDA 和 γ 干扰素的水平,改善矽肺大鼠肺纤维化和炎症。临床研究中,采用含黄芪、黄精等药物的尘肺经验方^[52] 治疗尘肺合并慢性阻塞性肺疾病,可有效降低患者的 SOD、MDA、谷胱甘肽过氧化物酶及肺纤维化血清指标水平,延缓肺纤维化进展。

3 自噬与凋亡

3.1 致病机制

SiO₂ 暴露可增强骨髓源性巨噬细胞的体外自噬活性和 AM 的体内自噬活性^[53]。巨噬细胞吞噬 SiO₂ 成为尘埃细胞后,会诱发氧化应激损伤,释放活性因子,还可通过受 p53 基因上调表达的凋亡调控蛋白 B 细胞淋巴瘤样因子-2 (B-cell lymphoma-2, BCL2) 绑定组件 (BCL2-binding component 3, BBC3) 和单核细胞趋化蛋白

-1 诱导蛋白 1(monocyte chemotactic protein-1-induced protein 1, MCP1)这两种促纤维生成因子诱导自噬导致 AM 凋亡^[54-55]。凋亡的 AM 会再分泌大量炎症因子,引起炎症级联反应,随后,肺成纤维细胞增殖、激活和迁移,合成并分泌胶原,最终导致矽肺纤维化^[56]。目前研究已发现 SiO₂ 诱导的 AM 凋亡可通过线粒体介导的细胞内凋亡程序^[57]、NF-κB 信号通路^[58]、fas 介导的外源性途径^[59]、p53 信号通路^[60]、内质网应激^[61]等调控。

3.2 中药提取物干预自噬与凋亡的作用机理

研究发现大黄素除了能够通过干预 TGF-β1/Smad 信号通路来抑制矽肺纤维化进程,也可通过下调促凋亡蛋白-BCL2 关联 X 蛋白(BCL2 associated X protein, Bax)和上调抗凋亡蛋白 BCL2 来抑制硅诱导的细胞凋亡发挥抗纤维化作用^[22]。薯蓣皂苷^[62]可促进 AM 自噬,增强矽尘损伤线粒体的清除,并减轻线粒体介导凋亡通路的激活,使 AM 抵抗矽尘所致的凋亡,减少细胞内过量的线粒体 ROS 产生,降低促炎促纤维化因子的分泌。SiO₂ 通过丝裂原活化蛋白激酶和磷脂酰肌醇 3-激酶/蛋白激酶 B(phosphatidylinositol 3-kinase and protein kinase B, PI3K/Akt)通路诱导 AM 中高迁移率族蛋白 B1(high-mobility group box-1, HMGB1)的表达,进而通过 MCP1 通路诱导成纤维细胞激活,在此过程中,新藤黄酸^[63]可通过抑制 AM 来源的 HMGB1 和上调成纤维细胞中的 MCP1 来延缓 SiO₂ 诱导的纤维化进程。此外,白术内酯 III^[64]可通过雷帕霉素受体蛋白(mammalian target of rapamycin, mTOR)依赖的方式抑制自噬,改善对 AM 自噬降解的阻断,减轻硅诱导的 AM 凋亡。

4 其他致病机制及相关中药提取物的作用机理

除上述研究外,尚有一些工作探索了中药提取物对矽肺纤维化影响的其他机制。有研究表明肺淋巴系统在清除肺内 SiO₂ 过程中能够发挥重要作用,丹参酮 IIA 磺酸钠^[65]可以促进矽肺早期大鼠肺部淋巴管增生,改善淋巴循环,降低致纤维化因子的表达;通过检测染尘大鼠淋巴管内皮特异性标记物血管内皮生长因子受体-3(vascular endothelial growth factor receptor-3, VEGFR-3)和淋巴液中硅元素水平,发现银杏叶提取物^[66]能够通过促进淋巴循环,加快肺内 SiO₂ 的排除;此外,人参皂甙 Rg1^[67]也被发现能够通过血管内皮生长因子-C(vascular endothelial growth factor-C, VEGFC)/VEGFR-3 信号增强 SiO₂ 诱导的肺淋巴管生成和肺内 SiO₂ 的淋巴运输,从而降低矽肺模型中的肺负荷。另有研究表明,干预 NF-κB 信号通路、细胞外信号调节

蛋白激酶(extracellular-regulated kinase, ERK),影响肺部水液代谢也是中药提取物的主要干预机制。例如,姜黄素可通过抑制 NF-κB 信号通路,呈剂量-效应性阻断 SiO₂ 诱导 AM 的 NLRP3 炎性小体活化,并降低矽肺大鼠肺组织中血小板衍生生长因子、磷酸化 ERK 1/2 及 mRNA 表达,还可通过调节水通道蛋白-1 保持细胞内外环境的稳态平衡,在矽肺发病中起到一定的保护作用^[68-71]。

5 小结与展望

综上,目前已发现众多天然药物成分及中药复合制剂可分别通过干预矽肺 TGF-β1/Smad 信号通路、氧化应激机制、凋亡与自噬及影响肺内淋巴微循环等方面抑制矽肺纤维化;同时,各通路间也具有交互作用,像大黄素、丹参酮、姜黄素等多种中药提取物均可通过不同的干预机制发挥抗炎、抗纤维化作用。但已有研究多为动物实验,提取物的浓度和应用剂量也无统一标准,今后除应更深入地研究矽肺发病、进展机制外,剖析信号通路之间的相互关系及药物干预靶点,并注重基础研究向临床实践转化,也应成为中药提取物应用于临床治疗矽肺纤维化的重要研究方向。

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