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黄芩苷对慢性萎缩性胃炎模型鼠 OPG/RANKL 轴的影响 *

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摘要 目的:探讨黄芩苷对慢性萎缩性胃炎模型鼠 OPG/RANKL 轴的影响。**方法:**将建模成功的大鼠(n=42)平分为三组 - 模型组、雷尼替丁组与黄芩苷组,黄芩苷组灌胃 6.3 g/kg 体重的黄芩苷溶液(5 mg·kg⁻¹),雷尼替丁组灌胃 6.3 g/kg 体重的雷尼替丁生理盐水溶液(150 mg·kg⁻¹),模型组灌胃与同容积的生理盐水,记录不同时间点 OPG/RANKL 轴表达变化情况。**结果:**雷尼替丁组与黄芩苷组治疗后 2 w 与 4 w 的体重高于模型组($P<0.05$),黄芩苷组高于雷尼替丁组($P<0.05$)。雷尼替丁组与黄芩苷组治疗后 2 w 与 4 w 的胃黏膜组织评分低于模型组($P<0.05$),黄芩苷组低于雷尼替丁组($P<0.05$)。雷尼替丁组与黄芩苷组治疗后 2 w 与 4 w 的血清 NO 与 SOD 含量高于模型组 ($P<0.05$),黄芩苷组高于雷尼替丁组 ($P<0.05$)。雷尼替丁组与黄芩苷组治疗后 2 w 与 4 w 的胃窦组织 OPG、RANKL 蛋白相对表达水平高于对照组,黄芩苷组高于雷尼替丁组($P<0.05$)。**结论:**黄芩苷治疗慢性萎缩性胃炎模型鼠能激活 OPG/RANKL 轴,提高血清 NO 与 SOD 含量,能减少胃黏膜组织损伤,提高大鼠体重。

关键词:黄芩苷;慢性萎缩性胃炎;大鼠;OPG/RANKL 轴;氧化应激

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Effects of Baicalin on OPG/RANKL Axis of Chronic Atrophic Gastritis Model Rats*

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ABSTRACT Objective: To investigate the effects of baicalin on OPG/RANKL axis of chronic atrophic gastritis model mice. **Methods:** The successfully modeled rats (n=42) were equally divided into three groups-model group, ranitidine group and baicalin group. Baicalin group was given intragastrically 6.3 g/kg baicalin solution (5 mg·kg⁻¹); the ranitidine group was given intragastrically with 6.3 g/kg body weight ranitidine saline solution (150 mg·kg⁻¹); the model group was given intragastrically with the same volume of saline solution. OPG/RANKL axis expression changes were recorded at different time points. **Results:** The body weight of the ranitidine group and the baicalin group were higher than that of the model group 2 and 4 weeks after treatment ($P<0.05$), and the baicalin group was higher than the ranitidine group ($P<0.05$). The gastric mucosal tissue scores of the ranitidine group and the baicalin group were lower than the model group 2 and 4 weeks after treatment ($P<0.05$), and the baicalin group was lower than the ranitidine group ($P<0.05$). The serum NO and SOD levels of the ranitidine group and the baicalin group were higher than those of the model group 2 and 4 weeks after treatment($P<0.05$), and the baicalin group was higher than the ranitidine group ($P<0.05$). The relative expression levels of OPG and RANKL protein in gastric antrum tissue in the ranitidine group and the baicalin group were higher than those in the model group 2 and 4 weeks after treatment ($P<0.05$), and the baicalin group was higher than the ranitidine group ($P<0.05$). **Conclusion:** In the treatment of chronic atrophic gastritis model mice, baicalin can activate OPG/RANKL axis, increase serum NO and SOD content, reduce gastric mucosal tissue damage, and increase rat body weight.

Key words: Baicalin; Chronic atrophic gastritis; Rats; OPG/RANKL axis; Oxidative stress

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前言

慢性萎缩性胃炎(chronic atrophic gastritis, CAG)为慢性胃炎的主要类型之一,为胃黏膜上皮遭受反复损害导致固有层腺

体的减少的慢性胃部疾病^[1]。该病在临床上的病理特征为胃黏膜上皮和腺体萎缩、黏膜基层增厚、黏膜变薄、伴幽门腺化生和肠腺化生,具有病因病机复杂多变等特征,可严重影响患者的身心健康^[2-3]。现代医学对慢性萎缩性胃炎尚缺乏理想的治疗措

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施,以对症治疗、缓解症状为主,使用保护胃黏膜、增强胃动力、抗幽门螺杆菌等药物,具有治疗周期长、疗效有效、花费高、不良反应多等不足^[45]。该病在中医上可被归为"痞证"、"积滞"、"腹胀"、"胃脘痛"、"嘈杂"等范畴,药物所伤、劳倦过度、外邪侵袭、饮食不节、情志失调可影响脾胃运化功能,久致使气血生化失常,胃络失养^[67]。黄芪是健脾益气类中药的代表药物,具有托毒生肌、补气固表之功效^[8]。而黄芩苷是黄芪主要成分之一,为一种单体皂苷类化合物,可促进胃粘膜细胞增殖,抑制胃粘膜细胞凋亡,从而发挥保护胃粘膜的作用^[9,10]。OPG/RANKL轴是影响机体内环境的重要信号通路,OPG为一种可溶性糖蛋白,是胃功能重建的关键因子^[11];RANKL可以促进破骨细胞前体细胞分化为破骨细胞,并增强其活性,也有一定的胃保护功能^[12]。本文具体探讨了黄芩苷对慢性萎缩性胃炎模型鼠OPG/RANKL轴的影响,希望为治疗慢性萎缩性胃炎提供理论及实验依据。

1 材料与方法

1.1 主要研究材料

实验用清洁级雄性 Wistar 大鼠 60 只($n=48$, 体重 200~240 g)购于南京君科生物工程有限公司(动物合格证编号: SYXK20200021),实验期间保证大鼠自由饮水和进食,室内温度设定为 20℃~24℃,相对湿度 45%~65%。饮用水采用清洁级自来水,饲料购自南京君科生物工程有限公司。实验过程中所有动物处置方式符合动物伦理学标准。黄芩苷生理盐水溶液由成都思科华生物技术有限公司,NO、SOD 检测试剂盒购自大连 TAKARA 公司,抗 OPG 抗体、抗 RANKL 抗体购自美国 sigma 公司,雷尼替丁购自赛诺菲安万特制药有限公司,N-甲基-N'-硝基-N-亚硝基胍(MNNG)购自日本东京化成工业发展有限公司。

1.2 动物建模与分组

所有大鼠都给予建立慢性萎缩性胃炎模型,每日自由饮用

2%水杨酸钠溶液,每日灌胃 120 $\mu\text{g/mL}$ MNNG,每周禁食 1 次,每次 18 h,持续应用 4 w。将建模成功的大鼠($n=42$)平分为三组-模型组、雷尼替丁组与黄芩苷组,每组根据在治疗后 2 w 与 4 w 各分为两个亚组,每组 7 只。雷尼替丁组:灌胃 6.3 g/kg 体重的雷尼替丁生理盐水溶液($150 \text{ mg} \cdot \text{kg}^{-1}$),1 次/d,共 4w;黄芩苷组:灌胃 6.3 g/kg 体重的黄芩苷溶液($5 \text{ mg} \cdot \text{kg}^{-1}$),1 次/d,共 4 w;模型组:灌胃与同容积的生理盐水,1 次/d,共 4 w。

1.3 观察指标

(1)在治疗第 2 w、第 4 w 测定与记录大鼠的体重。(2)处死大鼠后,取胃黏膜组织,制成病理切片后进行评分,轻度(2 分):固有腺体数减少数量 < 原有腺体的 1/3;中度(4 分):固有腺体数减少数量在原有腺体的 1/3-2/3 之间;重度(6 分):固有腺体数减少数量 > 原有腺体的 1/3,仅残留少数腺体或完全消失。(3)取处死动物的心脏血,血液离心取上清,采用全自动生化分析仪测定血清 NO、SOD 含量。(4)取处死动物的胃窦黏膜组织,提取总蛋白,采用 Western blot 检测 OPG、RANKL 蛋白表达水平。

1.4 统计方法

全部实验数据均采用 SPSS 18.00 统计软件包处理,计量数据采用均数 $\pm$ 标准差表示,两两对比为 t 检验,多组间对比为单因素方差分析,以 $P<0.05$ 为有统计学差异。

2 结果

2.1 大鼠一般情况对比

模型组:大鼠毛色干枯无光泽,体重减轻,大便不成形,动物的活动及饮食相应减少。

雷尼替丁组与黄芩苷组:大鼠毛色渐润泽,摄食、体重等相应增加,活动也趋于正常。

2.2 大鼠体重对比

雷尼替丁组与黄芩苷组治疗后 2 w 与 4 w 的体重高于模型组($P<0.05$),黄芩苷组高于雷尼替丁组($P<0.05$),见表 1。

表 1 三组治疗后不同时间点的体重对比($\bar{x} \pm s$)

Table 1 Comparison of body weight at different time points after treatment among three groups ($\bar{x} \pm s$)

Groups	n	2 weeks after treatment	4 weeks after treatment
Model group	7	266.34 $\pm$ 12.48	287.09 $\pm$ 14.28
Ranitidine group	7	278.98 $\pm$ 21.00*	309.87 $\pm$ 13.11*
Baicalingroup	7	289.11 $\pm$ 13.748*#	317.87 $\pm$ 15.66*#
F		12.933	18.723
P		0.000	0.000

Note: compared with the model group, * $P<0.05$; compared with the ranitidine group, # $P<0.05$.

2.3 大鼠胃黏膜组织评分对比

雷尼替丁组与黄芩苷组治疗后 2 w 与 4 w 的胃黏膜组织评分低于模型组($P<0.05$),黄芩苷组低于雷尼替丁组($P<0.05$),见表 2。

2.4 血清 NO 与 SOD 含量对比

雷尼替丁组与黄芩苷组治疗后 2 w 与 4 w 的血清 NO 与 SOD 含量高于模型组($P<0.05$),黄芩苷组高于雷尼替丁组($P<0.05$),见表 3。

2.5 OPG、RANKL 蛋白相对表达水平对比

雷尼替丁组与黄芩苷组治疗后 2 w 与 4 w 的胃窦组织 OPG、RANKL 蛋白相对表达水平高于对照组,黄芩苷组高于雷尼替丁组($P<0.05$),见表 4。

3 讨论

慢性萎缩性胃炎是消化系统难治病,在临床上主要表现为胃脘不适、食纳不振、胀满、隐痛、嗝气、形体消瘦、面色萎黄等^[13,14]。当前治疗该病无特效药,中医药整体治疗疗效甚佳,不但能缓解症状,在延缓疾病方面也有一定优势。黄芪为临床上

表 2 三组治疗后大鼠胃黏膜组织评分($\bar{x} \pm s$)

Table 2 Comparison of gastric mucosal tissue scores after treatment among three groups ($\bar{x} \pm s$)

Groups	n	2 weeks after treatment	4 weeks after treatment
Model group	7	5.36 $\pm$ 0.11	5.20 $\pm$ 0.11
Ranitidine group	7	2.83 $\pm$ 0.09*	2.58 $\pm$ 0.14*
Baicalingroup	7	1.67 $\pm$ 0.14**	1.54 $\pm$ 0.18**
F		19.723	20.742
P		0.000	0.000

Note: compared with the model group, * $P < 0.05$; compared with the ranitidine group, # $P < 0.05$.

表 3 三组治疗后不同时间点的血清 NO 与 SOD 含量对比($\bar{x} \pm s$)

Table 3 Comparison of serum NO and SOD levels among three groups at different time points after treatment ($\bar{x} \pm s$)

Groups	n	NO($\mu\text{mol/L}$)		SOD(U/mL)	
		2 weeks after treatment	4 weeks after treatment	2 weeks after treatment	4 weeks after treatment
Model group	7	8.14 $\pm$ 0.24	8.78 $\pm$ 0.32	132.76 $\pm$ 12.47	137.87 $\pm$ 13.00
Ranitidine group	7	14.09 $\pm$ 1.44*	15.02 $\pm$ 1.11*	187.65 $\pm$ 13.02*	189.00 $\pm$ 12.47*
Baicalingroup	7	17.87 $\pm$ 1.41**	18.09 $\pm$ 1.24**	197.88 $\pm$ 12.64**	200.76 $\pm$ 14.11**
F		9.813	9.113	17.382	17.725
P		0.000	0.001	0.000	0.000

Note: compared with the model group, * $P < 0.05$; compared with the ranitidine group, # $P < 0.05$.

表 4 三组治疗后不同时间点的胃窦组织 OPG、RANKL 蛋白相对表达水平对比($\bar{x} \pm s$)

Table 4 Comparison of relative expression levels of OPG and RANKL proteins in gastric antrum tissues among three groups at different time points after treatment ($\bar{x} \pm s$)

Groups	n	OPG		RANKL	
		2 weeks after treatment	4 weeks after treatment	2 weeks after treatment	4 weeks after treatment
Model group	7	1.03 $\pm$ 0.12	1.19 $\pm$ 0.14	0.98 $\pm$ 0.18	1.00 $\pm$ 0.10
Ranitidine group	7	2.18 $\pm$ 0.02*	2.31 $\pm$ 0.11*	1.87 $\pm$ 0.16*	1.99 $\pm$ 0.25*
Baicalingroup	7	3.27 $\pm$ 0.18**	3.33 $\pm$ 0.17**	3.18 $\pm$ 0.19**	3.33 $\pm$ 0.17**
F		9.133	8.724	9.013	9.284
P		0.001	0.002	0.001	0.001

Note: compared with the model group, * $P < 0.05$; compared with the ranitidine group, # $P < 0.05$.

常见的传补气良药,黄芩苷是黄芩药理学活性主要物质之一,也是一种单体皂苷类化合物,也被作为黄芩质量检测标志物^[15]。黄芩苷可通过抑制胃粘膜细胞凋亡,对胃粘膜损害具有较好保护作用,可促进胃粘膜细胞增殖^[16]。本研究显示雷尼替丁组与黄芩苷组治疗后 2 w 与 4 w 的体重高于模型组,黄芩苷组高于雷尼替丁组;雷尼替丁组与黄芩苷组治疗后 2 w 与 4 w 的胃黏膜组织评分低于模型组,黄芩苷组低于雷尼替丁组,表明黄芩苷治疗慢性萎缩性胃炎模型鼠能减少胃黏膜组织损伤,提高大鼠体重。当前也有研究显示黄芩苷对大鼠胃粘膜损害具有较好保护作用,应用黄芩苷组大鼠的胃粘膜仅有局部损伤,能减少胃粘膜损伤面积,模型组大鼠的胃粘膜损伤程度较重^[17,18]。

慢性萎缩性胃炎在中医医学上以"痞"及"胀"居多,病机在于"结而不散",病变核心在于脾。该病的发生机制还不明确,不过与氧化应激存在一定的相关性^[19]。SOD 可清除超氧阴离子自由基,是对机体氧化和抗氧化系统平衡发挥重要作用的抗氧化酶,也保护细胞免受损害^[20,21]。NO 由血管内皮细胞产生,是胃肠粘膜防御的重要因素之一,具有调节免疫应答、扩张血管等多种功能。NO 分泌增加可减少胃酸分泌,减少氧自由

基的产生,提高胃粘膜的屏障保护作用,从而减轻机体的炎症反应^[22,23]。本研究显示雷尼替丁组与黄芩苷组治疗后 2 w 与 4 w 的血清 NO 与 SOD 含量高于模型组,黄芩苷组高于雷尼替丁组,表明黄芩苷治疗慢性萎缩性胃炎模型鼠能提高血清 NO 与 SOD 含量,也可能是黄芩苷对胃粘膜发挥保护作用的有效途径之一^[24,25]。

OPG 是由间充质细胞衍生的细胞分泌的一种糖蛋白,广泛存在于甲状腺、肠、骨组织、心脏、胃等组织中,其可抑制破骨细胞的增殖分化,抑制骨吸收^[25-27]。OPG 可与 RANKL 竞争性结合,阻断信号传导,抑制破骨细胞的活性,减少破骨细胞的增殖分化与成熟,调节骨重建平衡^[28,29]。RANKL 能与 RANK 结合后,激活胞质内的信号传导,延长破骨细胞的存活时间,抑制破骨细胞的凋亡,延长破骨细胞的存活时间^[30,31]。本研究显示雷尼替丁组与黄芩苷组治疗后 2 w 与 4 w 的胃窦组织 OPG、RANKL 蛋白相对表达水平高于对照组,黄芩苷组高于雷尼替丁组,表明黄芩苷治疗慢性萎缩性胃炎模型鼠能激活 OPG/RANKL 轴,从而使萎缩性胃炎黏膜细胞的凋亡受到促进作用,发挥胃保护作用。本研究也存在一定的不足,大鼠样本量较小,没有进行多

个时间点的动态分析,也没有进行治疗前分析,将在后续研究中进行探讨。

总之,黄芩苷治疗慢性萎缩性胃炎模型鼠能激活 OPG/RANKL 轴,提高血清 NO 与 SOD 含量,能减少胃黏膜组织损伤,提高大鼠体重。

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