

doi: 10.13241/j.cnki.pmb.2023.15.005

女贞子提取物对帕金森病大鼠神经炎症反应 及内质网应激 PERK/ATF4 通路的影响 *

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摘要 目的:探讨与分析女贞子提取物对帕金森病大鼠神经炎症反应及内质网应激蛋白激酶 R 样内质网激酶(PERK)/转录活化因子 4(ATF4)通路的影响。**方法:**采用单侧注射 6-羟基多巴胺(6-OHDA)毁损法建立帕金森病大鼠模型,将造模成功的大鼠 36 只随机平分为三组 - 模型组、左旋多巴组与女贞子组,每组各 12 只。左旋多巴组与女贞子组分别灌胃 0.5 mL 的左旋多巴、女贞子提取物,模型组给予无菌蒸馏水 0.5 mL,2 次/d,连续给药 4 周,检测大鼠神经炎症反应、内质网应激 PERK/ATF4 通路相关蛋白表达变化情况。**结果:**左旋多巴组与女贞子组治疗第 2 周、第 4 周的探究性反应次数显著高于模型组($P<0.05$),女贞子组与左旋多巴组对比也有显著提高($P<0.05$)。左旋多巴组与女贞子组治疗第 2 周、第 4 周的脑组织伊文思蓝含量显著低于模型组($P<0.05$),女贞子组与左旋多巴组对比也有显著降低($P<0.05$)。左旋多巴组与女贞子组治疗第 2 周、第 4 周的血清丙二醛、白介素-1 β 、肿瘤坏死因子- α 、一氧化氮含量显著低于模型组($P<0.05$),女贞子组与左旋多巴组对比也有显著降低($P<0.05$)。左旋多巴组与女贞子组治疗第 2 周、第 4 周的黑质-纹状体组织 PERK 蛋白、ATF4 蛋白相对表达水平显著低于模型组($P<0.05$),女贞子组与左旋多巴组对比也有显著降低($P<0.05$)。**结论:**女贞子提取物在帕金森病大鼠的应用能改善神经功能,降低脑组织伊文思蓝含量,还可抑制 PERK/ATF4 通路的激活,降低血清丙二醛、白介素-1 β 、肿瘤坏死因子- α 、一氧化氮含量,从而持续发挥脑保护作用。

关键词:女贞子提取物;帕金森大鼠;神经炎症反应;内质网应激

中图分类号:R-33;R742.5 文献标识码:A 文章编号:1673-6273(2023)15-2827-05

Effects of Ligustrum Lucidum Extract on Neuroinflammatory Response and Endoplasmic Reticulum Stress PERK/ATF4 Pathway in Parkinson's Disease Rats*

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ABSTRACT Objective: To investigate and analysis the effects of Ligustrum lucidum extract on the neuroinflammatory response and the endoplasmic reticulum stress protein kinase R-like endoplasmic reticulum kinase (PERK)/transcription activating factor 4 (ATF4) pathway in Parkinson's disease rats. **Methods:** A rat model of Parkinson's disease was established by unilateral injection of 6-hydroxydopamine (6-OHDA). 36 cases of rats were randomly divided into three groups: model group, levodopa group and ligustrum lucidum subgroup, with 12 rats in each group. The levodopa group and ligustrum lucidum group were given 0.5 mL of levodopa and ligustrum lucidum extract by gavage respectively. The model group were given 0.5 mL of sterile distilled water twice a day for 4 weeks. The changes in the expression of protein related to the neuroinflammatory reaction and endoplasmic reticulum stress PERK/ATF4 pathway in rats were detected. **Results:** The number of exploratory reactions in the levodopa group and ligustrum lucidum group at the 2nd and 4th weeks of treatment were higher than that in the model group ($P<0.05$), and the number of exploratory reactions in the ligustrum lucidum group were also higher than that in the levodopa group ($P<0.05$). The content of Evans blue in brain tissue of levodopa group and ligustrum lucidum group at the 2nd and 4th weeks of treatment were lower than that of model group ($P<0.05$), and there were also a decrease in the ligustrum lucidum group compared with levodopa group ($P<0.05$). The levels of serum malondialdehyde, interleukin-1 β , tumor necrosis factor- α , nitric oxide in the levodopa group and ligustrum lucidum group were lower than those in the model group at the second and fourth weeks of treatment ($P<0.05$), and the levels of serum malondialdehyde, interleukin-1 β , tumor necrosis factor- α , nitric oxide in the ligustrum lucidum group were also lower than those in the levodopa group ($P<0.05$). The relative expression levels of PERK protein and ATF4 protein in substantia nigra and striatum in the levodopa group and ligustrum lucidum group were lower than those in the model group at the 2nd and 4th weeks of treatment ($P<0.05$), and the ligustrum lucidum group were also

* 基金项目:山东省医药卫生科技发展计划项目(202103071006)

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(收稿日期:2023-03-07 接受日期:2023-03-31)

lower than that in the levodopa group ($P<0.05$). **Conclusion:** The application of Ligustrum lucidum extract in Parkinson's disease rats can improve the nerve function, reduce the content of Evans blue in brain tissue, inhibit the activation of PERK/ATF4 pathway, reduce the content of malondialdehyde, interleukin-1 β , tumor necrosis factor- α , nitric oxide in serum, and continue to play a protective role in brain.

Key words: Ligustrum lucidum extract; Parkinson's disease rats; Neuroinflammatory reaction; Endoplasmic reticulum stress

Chinese Library Classification(CLC): R-33; R742.5 **Document code:** A

Article ID:1673-6273(2023)15-2827-05

前言

帕金森病是临床上常见的神经中枢神经系统变性疾病,主要表现为姿势平衡障碍、静止性震颤、肌强直、动作缓慢等,还可伴随有认知功能下降、情绪障碍等^[1]。帕金森病的发生机制还不明确,病理特征主要为纹状体多巴胺含量减少、神经元脱失、胶质细胞增生、黑质损害等。帕金森病多呈慢性持续性,造成严重的预后,且发病人数也逐年增多^[2]。帕金森病多呈慢性持续性,造成严重的预后。现代研究表明帕金森病的发生与内质网应激、炎性反应有密切关系,其中内质网应激可引起氧自由基的大量表达,可导致机体出现脂肪损伤、蛋白质损伤和 DNA 损伤^[3,4]。一定程度的应激是细胞的代偿性反应,但过度的应激则会启动细胞凋亡机制,导致正常细胞的凋亡^[5]。蛋白激酶 R 样内质网激酶(Protein kinase R-like endoplasmic reticulum kinase, PERK)/转录活化因子 4 (Transcription activating factor 4, ATF4)在细胞抵抗氧化应激损伤、炎症反应中起到重要作用^[6,7]。临床上至今没有对帕金森病的特异性根治措施,中医治疗帕金森病具有辩证性好、针对性强等特点,可发挥综合性的疏筋解毒、补肾滋阴等作用^[8]。女贞子提取液具有提高抗氧化酶活性、减少氧化脂质生成、清除自由基的作用,能明显地改善衰老动物模型学习和记忆能力,对缓解脑血管疾病机体病情具有重要价值^[9,10]。本文具体探讨与分析了女贞子提取物对帕金森病大鼠神经炎性反应及内质网应激 PERK/ATF4 通路的影响,以促进女贞子提取物的应用。现报道如下。

1 材料与方法

1.1 研究材料

女贞子提取物购于江苏省南京市先声再康药业,成年雄性 SD 大鼠(体重 220.0 ± 20.0 g,购于北京维通利华实验动物公司,饲养于本院实验动物中心,动物毛色均匀,反应良好,性情温和,无脱毛、断尾现象,饲养环境:保持充足的光照和通风,可自由饮水和进食),所有操作严格动物伦理要求且得到了医院动物伦理委员会的批准。酶联免疫法检测试剂盒购自上海江莱生物公司,抗 PERK 抗体、抗 ATF4 抗体购自 Promega 公司,6-羟基多巴胺购自 sigma 公司,左旋多巴购自湖北鸿福达生物科技有限公司。

1.2 帕金森病大鼠模型的建立

采用单侧注射 6-羟基多巴胺(6-hydroxydopamine, 6-OH-DA)毁损法建立帕金森病大鼠模型,大鼠行 10.0%水合氯醛 350 mg/kg 腹腔麻醉术。对定位区域进行消毒,固定于脑立体定位仪,寻找前囟、矢状缝等标志,确定黑质注射位置。以微量进样器于确定坐标缓慢注入 6-羟基多巴胺,分 5 次注射,每次

1 μ L,注射完成后留针 10 min 左右。在造模后 1 周进行诱发旋转行为判定,大鼠恒定左转,旋转圈数大于 7 转/min,判断为造模成功。

1.3 大鼠分组与治疗

将造模成功的大鼠 36 只随机平分为三组 - 模型组、左旋多巴组与女贞子组,每组各 12 只。大鼠用药剂量(g/kg)=人的用药剂量(g/kg) $\times 6.25$ 。左旋多巴组与女贞子组分别灌胃 0.5 mL 的左旋多巴、女贞子提取物,模型组给予无菌蒸馏水 0.5 mL,2 次/d,连续给药 4 周。

1.4 观察指标

三组所有大鼠都在治疗第 2 周、第 4 周分别处死 6 只大鼠,进行如下指标的观察与检测。(1)旷场竖立实验:将大鼠放入透明塑料观察箱内,实验环境绝对安静,适应 10 分钟后,开始记录大鼠 10 分钟内探究性反应次数。

(2)在治疗第 2 周、第 4 周,三组所有大鼠经尾静脉静注 2.0%伊文思蓝液。将脑组织放入 3 mL 的甲酰胺中,60.0 $^{\circ}$ C 孵育 2 天后,测定与记录计算脑组织中伊文思蓝的含量。

(3)在治疗第 2 周、第 4 周,三组大鼠腹腔注射麻醉后选择腹主动脉采血 1 mL 左右,采用酶联免疫法检测血清丙二醛与一氧化氮含量。同时采用酶联免疫法检测血清炎症因子 - 白介素 -1 β 、肿瘤坏死因子 - α 含量。

(4)在治疗第 2 周、第 4 周,三组大鼠切取黑质 - 纹状体组织,研磨后采用 Western blot 法检测 PERK 蛋白、ATF4 蛋白相对表达水平。

1.5 统计方法

用 SPSS26.00 统计软件包进行数据分析,其中计量数据比如血清 NO 含量以均数 $\pm$ 标准差表示,两两比较采用 LSD 检验法,多组间对比采用单因素分析,检验水准为 $\alpha=0.05$ 。

2 结果

2.1 探究性反应次数对比

左旋多巴组与女贞子组治疗第 2 周、第 4 周的探究性反应次数显著高于模型组($P<0.05$),女贞子组与左旋多巴组对比也有显著提高($P<0.05$)。见表 1。

2.2 伊文思蓝含量对比

左旋多巴组与女贞子组治疗第 2 周、第 4 周的脑组织伊文思蓝含量显著低于模型组($P<0.05$),女贞子组与左旋多巴组对比也有显著降低($P<0.05$)。见表 2。

2.3 血清丙二醛与一氧化氮含量对比

左旋多巴组与女贞子组治疗第 2 周、第 4 周的血清丙二醛与一氧化氮含量显著低于模型组($P<0.05$),女贞子组与左旋多巴组对比也有显著降低($P<0.05$)。见表 3。

表 1 三组大鼠治疗第 2 周、第 4 周的探究性反应次数对比(次,均数±标准差)

Table 1 Comparison of exploratory response times at weeks 2 and 4 in the three groups (times, mean ± standard deviation)

Groups	n	Week 2 of treatment	Week 4 of treatment
Model group	6	10.44±1.48	10.49±2.10
Levodopa group	6	12.59±2.01 [#]	14.44±1.67 [#]
The virgins group	6	14.20±1.22 ^{#*}	16.55±1.56 ^{#*}
<i>F</i>		11.855	16.096
<i>P</i>		<0.001	<0.001

Note: compared with the Model group, [#]*P*<0.05; compared with the Levodopa group, ^{*}*P*<0.05, the same below.

表 2 三组大鼠治疗第 2 周、第 4 周的脑组织伊文思蓝含量对比(次,均数±标准差)

Table 2 Comparison of Evans blue content of three rats (times, mean±standard deviation)

Groups	n	Week 2 of treatment	Week 4 of treatment
Model group	6	6.32±0.36	6.31±0.21
Levodopa group	6	3.44±0.54 [#]	2.44±0.51 [#]
The virgins group	6	2.18±0.25 ^{#*}	1.33±0.24 ^{#*}
<i>F</i>		15.793	23.166
<i>P</i>		<0.001	<0.001

表 3 三组大鼠治疗第 2 周、第 4 周的血清丙二醛与一氧化氮含量对比(均数±标准差)

Table 3 Serum malondialdehyde and nitric oxide in weeks 2 and 4 of treatment (second, mean± standard deviation)

Groups	n	Malondialdehyde (nmo / L)		Nitric oxide (μmo/ L)	
		Week 2 of treatment	Week 4 of treatment	Week 2 of treatment	Week 4 of treatment
Model group	6	3.66±0.24	3.69±0.17	118.68±13.68	118.96±14.69
Levodopa group	6	2.55±0.32 [#]	2.09±0.17 [#]	110.01±5.87 [#]	97.27±11.09 [#]
The virgins group	6	1.98±0.15 ^{#*}	1.43±0.21 ^{#*}	98.57±5.09 ^{#*}	92.75±4.68 ^{#*}
<i>F</i>		18.755	22.145	23.675	25.663
<i>P</i>		<0.001	<0.001	<0.001	<0.001

2.4 血清白介素 -1β、肿瘤坏死因子 -α 含量对比

左旋多巴组与女贞子组治疗第 2 周、第 4 周的血清白介素

-1β、肿瘤坏死因子 -α 含量显著低于模型组 (*P*<0.05), 女贞子组与左旋多巴组对比也有显著降低 (*P*<0.05)。见表 4。

表 4 三组大鼠治疗第 2 周、第 4 周的血清白介素 -1β、肿瘤坏死因子 -α 含量对比(pg/mL,均数±标准差)

Table 4 Serum interleukin-1β and tumor necrosis factor-α in weeks 2 and 4 of treatment (pg/mL, mean± standard deviation)

Groups	n	Interleukin-1β		Tumor necrosis factor-α	
		Week 2 of treatment	Week 4 of treatment	Week 2 of treatment	Week 4 of treatment
Model group	6	16.79±1.34	16.92±1.49	21.58±2.48	21.33±1.58
Levodopa group	6	8.32±0.55 [#]	6.11±0.26 [#]	11.21±1.47 [#]	9.33±10.98 [#]
The virgins group	6	3.29±0.22 ^{#*}	2.16±0.11 ^{#*}	7.57±1.84 ^{#*}	6.33±0.48 ^{#*}
<i>F</i>		49.284	56.103	16.796	19.147
<i>P</i>		<0.001	<0.001	<0.001	<0.001

2.5 PERK 蛋白、ATF4 蛋白相对表达水平对比

左旋多巴组与女贞子组治疗第 2 周、第 4 周的黑质 - 纹状体组织 PERK 蛋白、ATF4 蛋白相对表达水平显著低于模型组 (*P*<0.05), 女贞子组与左旋多巴组对比也有显著降低 (*P*<0.

05)。见表 5。

3 讨论

帕金森病为临床上的神经退行性疾病之一,以黑质 - 纹状

表 5 三组大鼠治疗第 2 周、第 4 周的黑质 - 纹状体组织 PERK 蛋白、ATF4 蛋白相对表达水平对比(次, 均数±标准差)

Table 5 Comparison of relative expression levels of PERK protein and ATF 4 protein in nigra-striatum at week 2 and 4 weeks of treatment in the three groups (second, mean± standard deviation)

Groups	n	PERK protein		ATF4 protein	
		Week 2 of treatment	Week 4 of treatment	Week 2 of treatment	Week 4 of treatment
Model group	6	7.31±0.34	7.38±0.21	6.81±0.76	6.89±0.58
Levodopa group	6	4.70±1.94 [#]	3.15±0.81 [#]	4.20±0.69 [#]	3.42±0.43 [#]
The virgins group	6	1.08±1.53 ^{##}	0.82±0.73 ^{##}	1.23±0.33 ^{##}	1.26±0.34 ^{##}
<i>F</i>		51.303	63.333	45.786	52.189
<i>P</i>		<0.001	<0.001	<0.001	<0.001

体受损和路易小体形成为病理特征。帕金森病在临床上主要表现为运动症状、非运动症状等,从而严重影响患者的身心健康,已经成为了一种公共卫生疾病^[11,12]。由于各种因素的影响,帕金森病的发病机制尚未完全阐明,涉及多种病理生理过程的相互作用,包括自由基大量生成、细胞凋亡、兴奋性氨基酸毒性、氧化应激发生、炎症级联反应等^[13,14]。左旋多巴当前在帕金森病患者中的应用比较多,但长期使用效果不佳,且存在一定的不良反应。随着中医学的发展,中医认为帕金森病的基本病机为虚风内动、脑髓不充、肝肾阴精亏虚、筋脉失养^[15,16]。中药在治疗帕金森病方面研究也取得了一定进展。女贞子提取物在使用上比较方便,且于现代医学接轨,和西药的应用方式相似^[17]。本研究显示左旋多巴组与女贞子组治疗第 2 周、第 4 周的探究性反应次数显著高于模型组,女贞子组与左旋多巴组对比也有显著提高;左旋多巴组与女贞子组治疗第 2 周、第 4 周的脑组织伊文思蓝含量显著低于模型组,女贞子组与左旋多巴组对比也有显著降低,表明女贞子提取物在帕金森病大鼠的应用能改善神经功能,降低脑组织伊文思蓝含量。当前也有研究表明女贞子提取物可减轻缺血性脑损伤,在大鼠脑组织局灶性缺血后的具有保护作用,下调诱导型一氧化氮合酶的表达,从而提高大鼠的神经功能^[18,19]。

帕金森病是一种神经系统退行性变性疾病,在很多损伤区域均出现神经细胞的脱失,残存的细胞内出现色素外溢、色素减少等,部分细胞内出现路易小体^[20]。在正常生理条件下,氧化和抗氧化在体内保持一种动态平衡,但当机体发生过量的炎症反应时,内质网应激作用比较强烈,参与并通过脂质过氧化反应产生炎症介质,从而形成恶性循环^[21,22]。内质网应激损伤导致一些氧化损伤标记物质明显增多,比如丙二醛与一氧化氮含量增加,进而导致多巴胺能神经细胞受损^[23,24]。本研究显示左旋多巴组与女贞子组治疗第 2 周、第 4 周的血清丙二醛、白介素 -1 β 、肿瘤坏死因子 - α 、一氧化氮含量显著低于模型组,女贞子组与左旋多巴组对比也有显著降低,表明女贞子提取物在帕金森病大鼠的应用能降低血清丙二醛、白介素 -1 β 、肿瘤坏死因子 - α 、一氧化氮含量。当前也有研究显示,女贞子提取物在细胞抵抗氧化应激损伤、炎症反应中起到重要作用,能够显著降低自由基抑制率,减少丙二醛含量,以促进还原型谷胱甘肽的合成,增强组织细胞抗氧化应激的能力^[25]。还有研究显示,女贞子提取物可以升高脑血管疾病模型大鼠脑黑质 - 纹状体中脑源性神经营养因子含量,可减少血脑屏障的破坏,从而改善大鼠

的预后^[26,27]。

在机体内质网应激的信号通路中,PERK/ATF4 通路的激活可刺激炎症介质的产生,导致机体的病情恶化^[28]。PERK/ATF4 通路也在多种生理和病理过程中发挥转录调控作用,参与多种靶基因转录的调控,在炎症性肠病及其他肠道感染的肠黏膜中 PERK 蛋白、ATF4 蛋白表达水平也显著增高^[29]。PERK/ATF4 通路的激活也是卒中后脑损伤的重要因素,可导致卒中大鼠白细胞粘附与脑梗死面积减少。本研究显示左旋多巴组与女贞子组治疗第 2 周、第 4 周的黑质 - 纹状体组织 PERK 蛋白、ATF4 蛋白相对表达水平显著低于模型组,女贞子组与左旋多巴组对比也有显著降低,表明女贞子提取物在帕金森病大鼠的应用能抑制 PERK/ATF4 通路的激活。分析可知,女贞子提取物具有抗变态反应、抗炎症的作用,可稳定神经元细胞的细胞膜,可减少大鼠脑缺血再灌注引起的血脑屏障的破坏,从而有利于持续发挥脑保护作用^[33]。本研究也存在一定的不足,没有进行细胞学基础研究分析,也没有纳入空白组,机制分析不深入,大鼠数量也比较少,将在后续研究中探讨。

总之,女贞子提取物在帕金森病大鼠的应用能改善神经功能,降低脑组织伊文思蓝含量,还可抑制 PERK/ATF4 通路的激活,降低血清丙二醛、白介素 -1 β 、肿瘤坏死因子 - α 、一氧化氮含量,从而持续发挥脑保护作用。

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