

丹参酮抑制嗜中性白细胞功能与其防治心肌梗死作用的关系¹

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Relationship between inhibitory action of tanshinone on neutrophil function and its prophylactic effects on myocardial infarction¹

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ABSTRACT In isoprenaline-induced myocardial infarction in rabbits, the circulating neutrophils (Neu) were in an activated state. Tanshinone (Tan, ig) suppressed the Neu functions (acid-phosphatase release, adhesiveness, and phagocytosis) dose-dependently and reduced myocardial necrosis concomitantly. There was a positive correlation between Neu functions and myocardial necrosis. In addition, Tan caused an obvious decrease in content of lipoperoxide malondialdehyde in serum and myocardium, an increase in superoxide dismutase activity, an inhibition of leukocytic infiltration, and a production of prostaglandin E₂ in myocardium. These effects were also related closely to the suppression of Neu functions. Anti-inflammatory drug dexamethasone was used as control and had similar effects on Neu functions and myocardial infarction. It is suggested that the prophylactic effects of Tan on myocardial infarction may result from the inhibition of circulating Neu functions.

KEY WORDS tanshinone; dexamethasone; neutrophils; myocardial infarction; prostaglandins E; superoxide dismutase; lipid peroxides

摘要 Iso sc 导致兔心肌梗死, 使循环 Neu 呈被激活状态, 丹参酮(Tan) ig 能明显抑制 Neu 溶酶体酶释放, 吞噬及粘附, 且呈量-效关系; 减少血清及心肌 MDA, 升高心肌 SOD 的活性, 抑制白细胞向缺血心肌的浸润及心肌中 PGE₂ 合成; 显著减少心肌坏死并与 Neu 功能呈显著正相关。Dex 有类似作用。结果表明 Tan 有防治心肌梗死的作用, 其机理可能是抑制

Neu 的溶酶体酶释放, 吞噬及粘附。

关键词 丹参酮; 地塞米松; 嗜中性白细胞; 心肌梗死; 前列腺素 E; 超氧化物歧化酶; 脂质过氧化物

丹参酮(tanshinone, Tan)是丹参(*Salvia miltiorrhiza* Bunge)的脂溶性成份, 临床用于治疗冠心病有较好疗效⁽¹⁾, 体外实验观察到它能抑制白细胞的化学运动(chemokinesis)⁽²⁾。近来报道循环白细胞(尤其是嗜中性白细胞 neutrophil, Neu)的数量, 与心肌梗死(myocardial infarction, MI)发生率密切相关, 两者呈显著的正相关⁽³⁾, 提示 Neu 在 MI 中可能具有重要的病理学意义。

本实验以抗炎药地塞米松(dexamethasone, Dex)作阳性对照, 观察了 Tan 对 Neu 功能的影响, 并对其与防治 MI 作用的关系进行了研究, 此外, 还对 MI 时脂质过氧化损伤与 Neu 功能的关系进行了相关分析。

MATERIALS AND METHODS

日本大耳兔 42 只, 体重 $1.84 \pm SD 0.23$ kg, 雌雄兼用, 由本校实验动物中心提供。Tan(粉剂, 由四川中药研究所药化室提取, 含量约 96%), Dex(卫生部药品生物制品检定所提供药典对照品), 盐酸异丙肾上腺素(isoprenaline, Iso), (上海信谊药厂), 2,3,5-氯化三苯四氮唑(2,3,5-triphenyl tetrazolium chloride, TTC, E. Meck), 前列腺素(prostaglandin E₂, PGE₂)放免分析药盒(军事医学科学院基础所生化室提供), 超氧化物歧化酶(superoxide dismutase, SOD)(上海生物化学研究所产品), 四乙氧基丙烷(瑞典产品)。

急性心肌梗死模型的制备 参照 Iso 法⁽⁴⁾, 稍加改进。即给兔背部 sc Iso $10 \text{ mg} \cdot \text{kg}^{-1}$, 每 2 h 1 次, 每日上、下午各 2 次连续

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3 d; d 4 杀兔取出心脏, TTC 染色称重⁽⁵⁾计算坏死心肌在全心所占的%。外周血 Neu 分离参照密度离心法⁽⁵⁾, 所得细胞纯度大于 95%, 台盼兰染色活力大于 98%。Neu 酸性磷酸酶(acid phosphatase, Acp)测定采用比色法⁽⁶⁾, 吞噬功能测定采用吞噬金葡菌法⁽⁷⁾, 粘附功能测定采用玻璃血球计数板法⁽⁸⁾。血清及心肌脂质过氧化物丙二醛(malondialdehyde, MDA)的测定参照硫代巴比妥酸(thiobarbituric acid)法⁽⁹⁾, 心肌 SOD 测定采用化学发光法⁽¹⁰⁾, 心肌 PGE₂ 测定采用放免分析法⁽¹¹⁾, 取心脏前室间隔, 按光镜常规处置标本, 并观察其病理变化。

采用本校数理统计教室提供的医用数理统计程序包中 PDA-2, PDA-3 对实验资料进行单因素方差分析及相关分析, 以 $P < 0.05$ 为显著性水平。

RESULTS

Neu 功能, 脂质过氧化及花生四烯酸代谢在心肌梗死模型中的变化 应用 Iso 造 MI 模型, 使 Neu Acp 释放, 吞噬及粘附功能显著

增强, 心肌中 PGE₂ 及血清, 心肌 MDA 水平明显升高, SOD 活性显著降低。同时心肌发生明显坏死, 重量%达约 50% (Tab 1, 2)。

Tab 1. Effects of ig tanshinone (Tan, $\text{mg} \cdot \text{kg}^{-1} \cdot \text{d}^{-1} \times 3 \text{ d}$) on myocardial infarction amount(%) in Iso ($10 \text{ mg} \cdot \text{kg}^{-1}$, 4/d, 3 d sc) induced myocardial infarction model in rabbits. $n=7$, $\bar{x} \pm \text{SD}$. * $P > 0.05$, ** $P < 0.05$, *** $P < 0.01$ vs NS.

Drug	Necrotic weight	Heart weight (g)	
		Whole weight	%
NS	1.61 ± 0.59	3.20 ± 0.52	49.9 ± 15.1
Dex Tan	0.90 ± 0.13	3.40 ± 0.28	$28.4 \pm 6.8^{**}$
10	1.13 ± 0.24	3.00 ± 0.53	$38.1 \pm 6.2^{*}$
40	0.95 ± 0.32	2.90 ± 0.48	$32.7 \pm 8.9^{**}$
80	0.85 ± 0.28	3.24 ± 0.61	$26.9 \pm 9.2^{**}$

Iso = isoprenaline; NS = normal saline; Dex = dexamethasone $2.5 \text{ mg} \cdot \text{kg}^{-1} \cdot \text{d}^{-1} \times 3 \text{ d}$, sc.

丹参酮对 Neu 功能及心肌坏死量的影响

用 Iso 造 MI 模型的同时给兔 ig Tan 5, 20 及 $40 \text{ mg} \cdot \text{kg}^{-1}$, 或 sc Dex $1.25 \text{ mg} \cdot \text{kg}^{-1}$, 每日上、下午给 Iso 前各 1 次, 连续 3 d。对照组给等容量生理盐水(normal saline, NS)。

Tab 2. Effects of ig Tan on Neu function (Acp, Ph and Ad), MDA level in serum and myocardium, myocardial SOD activity and PGE₂ content in Iso induced rabbit myocardial infarction model. $n=7$, $\bar{x} \pm \text{SD}$. * $P > 0.05$, ** $P < 0.05$, *** $P < 0.01$ vs NS. ** $P < 0.05$, *** $P < 0.01$ vs Normal (normal group).

	Normal	NS	Tan (ig, $\text{mg} \cdot \text{kg}^{-1} \cdot \text{d}^{-1} \times 3 \text{ d}$)			Dex 2.5 (sc, $\text{mg} \cdot \text{kg}^{-1} \cdot \text{d}^{-1} \times 3 \text{ d}$)
			80	40	10	
Ph index	0.28 ± 0.06	$0.45 \pm 0.10^{***}$	$0.25 \pm 0.08^{***}$	$0.31 \pm 0.09^{**}$	$0.43 \pm 0.08^{*}$	$0.32 \pm 0.06^{**}$
Ph %	24.4 ± 6.3	$34.5 \pm 6.9^{**}$	$20.8 \pm 6.4^{***}$	$26.1 \pm 7.3^{**}$	$35.7 \pm 8.4^{*}$	$24.4 \pm 6.7^{*}$
Ad %	75.0 ± 8.2	$86.3 \pm 5.2^{**}$	$69.9 \pm 9.9^{***}$	$75.1 \pm 10.9^{**}$	$83.8 \pm 7.2^{*}$	$69.3 \pm 11.9^{**}$
Acp (K unit / 10^7 Neu)	11.5 ± 5.8	$34.2 \pm 11.4^{***}$	$13.1 \pm 3.4^{***}$	$21.0 \pm 7.2^{**}$	$26.3 \pm 9.4^{**}$	$17.2 \pm 9.2^{***}$
Serum MDA, $\text{n mol} \cdot \text{ml}^{-1}$	0.70 ± 0.18	$1.51 \pm 0.56^{**}$	$0.73 \pm 0.30^{***}$	$0.96 \pm 0.29^{*}$	$1.39 \pm 0.54^{*}$	$0.90 \pm 0.12^{**}$
Myocardial MDA, $\text{n mol} \cdot (\text{mg} \cdot \text{protein})^{-1}$	0.97 ± 0.30	$3.40 \pm 0.73^{***}$	$1.61 \pm 0.65^{***}$	$2.17 \pm 1.14^{**}$	$2.62 \pm 0.84^{*}$	$2.20 \pm 0.71^{**}$
Myocardial SOD, $\text{unit} \cdot (\text{mg} \cdot \text{protein})^{-1}$	560 ± 7	$218 \pm 114^{***}$	$609 \pm 86^{***}$	$558 \pm 73^{***}$	$230 \pm 91^{*}$	$578 \pm 87^{***}$
Myocardial PGE ₂ , $\text{pg} \cdot (\text{mg} \cdot \text{protein})^{-1}$	12.3 ± 4.4	$163 \pm 77^{***}$	$44 \pm 4^{***}$	$79 \pm 7^{***}$	$98 \pm 8^{**}$	$38 \pm 3^{***}$

结果 Tan 在所用剂量下均能不同程度地抑制 Neu 功能(Tab 2), 减少心肌坏死(Tab 1), 且呈量-效关系; 抗炎药 Dex 有类似作用(Tab 1, 2). 对 Tan 组(包括对照组, $n=28$)心肌坏死量与 Neu 功能的相关分析表明, 两者间正相关显著(心肌坏死量与 Neu Acp 相关系数 $r=0.647$, $P<0.0001$; 与 Neu 吞噬%相关系数 $r=0.467$, $P<0.006$).

丹参酮对花生四烯酸代谢及脂质过氧化的影响 Tan 40 及 80 $\text{mg} \cdot \text{kg}^{-1} \cdot \text{d}^{-1}$ 能显著降低心肌梗死兔血清及心肌 MDA 的水平, 升高心肌 SOD 的活性, 且与 Neu 功能相关显著(心肌 MDA 与 Neu 吞噬指数相关系数 $r=0.527$, $P<0.002$; 心肌 SOD 与 Neu 吞噬指数相关系数 $r=-0.713$, $P<0.0001$). Tan 还能明显抑制心肌中 PGE2 的生成(Tab 2). 抗炎药 Dex 作用类似.

丹参酮对心肌病理改变的影响 病理检查发现, 模型对照组兔心肌纤维肿胀, 断裂, 横纹消失, 间质充血, 水肿及心肌坏死区大量炎细胞浸润(Fig 1a, Plate 2). Tan 组心肌坏死性改变明显减轻, 间质轻度充血, 水肿, 炎细胞浸润散在(Fig 1b, Plate 2). Dex 组心肌病理变化与 Tan 组类似(Fig 1c, Plate 2).

DISCUSSION

白细胞与冠心病关系的研究近来已引起医学界的广泛兴趣^(3,12), 但对中药 Tan 抑制白细胞功能与其防治 MI 关系的研究尚未见报道.

本实验用 Iso 造成兔 MI 模型, 发现其循环 Neu 溶酶体酶 Acp 释放, 吞噬及粘附功能明显增强, 表明 Neu 被激活. 活化的 Neu 易粘附至微血管壁, 并游出血管外, 浸润至缺血心肌^(5,12). 本实验在兔心肌病理切片上即观察到, 对照组兔缺血坏死心肌中有大量的白细胞浸润, 浸润至心肌的白细胞可通过释放溶酶体酶, 产生氧自由基等加重组织损伤^(5,12). 本实验中兔缺血心肌 MDA 水平升高, 氧自由

基清除酶 SOD 活性下降即可能反映了脂质过氧化造成的心肌损伤. 与 Neu 吞噬功能的相关分析结果提示, Neu 产生的氧自由基可能是缺血心肌发生脂质过氧化损伤的一个重要原因. 此外, 浸润的白细胞还可产生大量的花生四烯酸代谢产物(尤其是脂氧酶产物), 以直接(如收缩血管)或间接的方式(吸引更多的白细胞至缺血心肌)加重损伤, 并有学者发现梗死心肌中环氧酶及脂氧酶代谢产物均明显增加⁽⁹⁾. 这与本实验中兔缺血心肌 PGE2 含量增多, 花生四烯酸代谢增强的结果相一致.

Tan 临床用于防治缺血性心脏病(如冠心病)有较好疗效, 通常认为这与它减少心肌氧耗量等有关⁽¹⁾. 本实验观察到, Tan 能抑制 Neu 溶酶体酶释放, 吞噬及粘附功能显著降低, 抑制 MI 造成的白细胞活化; 减少缺血心肌中白细胞的浸润, 减轻心肌脂质过氧化损伤, 抑制心肌中花生四烯酸代谢, 从而减少心肌坏死. 以 Dex 作对照, 发现有类似作用. 我们过去的工作也表明, Dex 能明显抑制 Neu 功能, 并由此降低毛细血管的通透性, 减轻白细胞依赖性炎症反应^(7,13). 本实验对 Neu 功能与心肌坏死量进行的相关分析显示, Tan 抑制 Neu 溶酶体酶释放及吞噬功能的作用与其减少心肌坏死量的作用正相关显著. 结果表明, Tan 有防治 MI 的作用, 抑制 MI 时 Neu 的活化可能是其主要机制之一.

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人参多糖降低肝糖原的作用

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Effects of the ginseng polysaccharides on reducing liver glycogen

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ABSTRACT The ginseng polysaccharides GH₁ (100, 200 mg · kg⁻¹) iv reduced liver glycogen and increased adenosine-3',5'-cyclic monophosphate (cAMP) level and adenyl cyclase (AC) activity in

mice. The action of GH₁ was completely antagonized by propranolol, inhibitor of adrenergic beta receptor. The stimulating effect of GH₁ on AC activity was significant 2 and 4 h after iv GH₁. However, GH₁ at concentration of 20-120 μmol · L⁻¹ *in vitro* showed no manifest effect on AC activity. GH₁ stimulated the activities of 3',5'-cyclic-GMP phosphodiesterases (PDE) and calmodulin (CaM) in a dose-dependent manner. It is suggested that the reduction of liver glycogen induced by GH₁ resulted from its obvious increase of cAMP which promoted glycogenolysis and decreased glycogenesis.

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