

基于Keap1/Nrf2/ARE信号通路探讨中医药干预帕金森病的研究进展

岳刘平^{1,2}, 孙永康^{1,3}, 徐方彪^{1,2}, 宋研博^{1,2}, 吴易俊^{1,2}, 余欢^{1,2}, 王新志^{1,3*}

(1. 河南中医药大学第一附属医院脑病中心, 郑州 450099; 2. 河南中医药大学第一临床医学院, 郑州 450046; 3. 中西医防治重大疾病河南省协同创新中心, 郑州 450046)

[摘要] 帕金森病(PD)是一种以运动功能障碍为主要临床表现的慢性进展性神经退行性疾病,主要病理特征为中脑黑质多巴胺能神经元的缺失、 α -突触核蛋白(α -Syn)异常聚集和路易氏小体的形成,其发病机制尚未完全明确。近年来,PD的发病率逐渐上升,而目前的治疗手段,只能改善其症状,不能阻止疾病进展,且不良反应多,因此寻找治疗PD的有效药物迫在眉睫。现代研究表明,Kelch样ECH相关蛋白1(Keap1)/核因子E₂相关因子2(Nrf2)/抗氧化反应元件(ARE)信号通路与氧化应激、神经炎症、细胞凋亡、铁死亡及线粒体功能障碍等存在密切的联系,在PD病理生理发展过程中发挥着关键的作用。大量研究进一步证实,中医药可通过整体辨证观和微观分子通路对疾病进行调控,且具有多靶点、多途径和不良反应少等独特优势,为PD的治疗提供了新的策略。该文阐述了Keap1/Nrf2/ARE信号通路在PD发生发展中的作用机制,并总结了中药单体及有效成分、复方和针灸精准靶向调控Keap1/Nrf2/ARE信号通路干预PD的最新研究,以期研发防治PD的临床药物提供参考依据。

[关键词] Kelch样ECH相关蛋白1(Keap1)/核因子E₂相关因子2(Nrf2)/抗氧化反应元件(ARE); 信号通路; 中医药; 帕金森病; 研究进展

[中图分类号] R285.5;R742.5 **[文献标识码]** A **[文章编号]** 1005-9903(2026)09-0307-11

[doi] 10.13422/j.cnki.syfjx.20241916

[网络出版地址] <https://link.cnki.net/urlid/11.3495.r.20250103.1332.002>

[网络出版日期] 2025-01-06 09:41:17 **[增强出版附件]** 内容详见<http://www.syfjxzz.com>或<http://cnki.net>



Traditional Chinese Medicine Intervention in Parkinson's Disease Based on Keap1/Nrf2/ARE Signaling Pathway: A Review

YUE Liuping^{1,2}, SUN Yongkang^{1,3}, XU Fangbiao^{1,2}, SONG Yanbo^{1,2}, WU Yijun^{1,2},
YU Huan^{1,2}, WANG Xinzh^{1,3*}

(1. *Encephalopathy Center, The First Affiliated Hospital of Henan University of Chinese Medicine, Zhengzhou 450099, China*; 2. *The First Clinical Medical College, Henan University of Chinese Medicine, Zhengzhou 450046, China*;
3. *Collaborative Innovation Center of Prevention and Treatment of Major Diseases by Chinese and Western Medicine, Zhengzhou 450046, China*)

[Abstract] Parkinson's disease (PD) is a chronic progressive neurodegenerative disorder primarily characterized by motor dysfunction. The main pathological features include the loss of dopaminergic neurons in the substantia nigra, abnormal aggregation of alpha-Synuclein (α -Syn), and the formation of Lewy bodies. However, the exact mechanisms remain unclear. In recent years, the PD incidence has gradually increased, while current treatment methods are limited to symptom alleviation, incapable of halting

[收稿日期] 2024-09-17

[基金项目] 中医药传承与创新“百千万”人才工程(岐黄工程)——国家中医药领军人才支持计划项目(国中医药人教发[2018]284号); 河南省“双一流”创建学科中医学科学研究专项(HSRP-DFCTCM-2023-5-07, HSRP-DFCTCM-2023-8-29)

[第一作者] 岳刘平,在读硕士,从事中医药防治脑血管疾病研究,E-mail:yueliuping@163.com

[通信作者] *王新志,二级教授,主任医师,博士生导师,从事中医药防治脑血管疾病研究,E-mail:znqznq@163.com

disease progression, and prone to adverse effects, thus making it urgent to search for medicines effective for PD. Modern research indicates that the Kelch-like ECH-associated protein 1 (Keap1)/nuclear factor E₂ related factor 2 (Nrf2)/antioxidant response element (ARE) signaling pathway is closely related to oxidative stress, neuroinflammation, apoptosis, ferroptosis, and mitochondrial dysfunction, playing a crucial role in the pathophysiological development of PD. A large number of studies have further confirmed that traditional Chinese medicine (TCM) can regulate diseases through a holistic view of Syndrome differentiation and microscopic molecular pathways. With unique advantages, such as multiple targets, multiple pathways, and fewer adverse reactions, TCM provides a new strategy for PD treatment. This article elucidates the mechanism of the Keap1/Nrf2/ARE signaling pathway in the occurrence and development of PD, while summarizing the latest research on PD intervention by TCM monomers, active ingredients, and compounds, as well as acupuncture via the precise targeted regulation of the Keap1/Nrf2/ARE pathway, aiming to provide a reference for clinical medicine development to prevent and treat PD.

[Keywords] Kelch-like ECH-associated protein 1 (Keap1)/nuclear factor E₂ related factor 2 (Nrf2)/antioxidant response element (ARE); signaling pathway; traditional Chinese medicine; Parkinson's disease; review

帕金森病(PD)又称震颤麻痹,是中老年常见的锥体外系神经退行性疾病,临床主要表现为静止性震颤、肌强直、动作迟缓、姿势平衡障碍及精神障碍等^[1-2]。主要的病理特征为中脑黑质多巴胺能神经元的缺失、 α -突触核蛋白(α -Syn)异常聚集形成的路易氏小体和神经变性等,其潜在的发病机制尚未完全明确^[3-5]。目前的治疗手段主要为药物治疗、手术治疗、运动疗法及护理疗法等,只能改善其症状,不能阻止病情发展,更无法治愈,且不良反应多^[6-7]。随着年龄的增长,PD患病率增长速度较其他神经系统疾病增长更快^[8]。因此,研发靶向作用精准、疗效确切且不良反应小的药物,对PD的治疗具有重要意义。近些年,研究发现PD涉及的通路众多,Kelch样ECH相关蛋白1(Keap1)/核因子E₂相关因子2(Nrf2)/抗氧化反应元件(ARE)是其关键信号通路,该通路在抗氧化、抗炎、抑制细胞凋亡、铁死亡及维持线粒体功能等方面发挥着重要的作用,是治疗PD靶点之一^[9-11]。研究表明,中医药通过调控Keap1/Nrf2/ARE信号通路,在治疗PD方面展现出巨大潜力^[12]。基于此,本文阐述了Keap1/Nrf2/ARE信号通路在PD病理生理过程中的作用机制,以及中医药通过整体观念与微观分子理论结合调控Keap1/Nrf2/ARE信号通路干预PD的相关研究,为今后其在PD临床诊疗实践中提供新的治疗途径。

1 Keap1/Nrf2/ARE 信号通路

Keap1是一种E3泛素连接酶的底物识别亚单位,在蛋白质的泛素化修饰中起着重要作用,含有多个结构域,包括N端(NTR)、布罗莫结构域和超末端结构域(BTB)区域、中间结构域(IVR)、Kelch区域及C端的结构域(CTR)^[13]。Kelch区域是Keap1与Nrf2结合的关键结构域,影响Nrf2的稳定性和活性,BTB结构域参与Keap1的同源二聚化及与Cullin3(Cul3)的结合,这对于其作为E3泛素连接酶的适配器至关重要^[14-15]。Nrf2是一种位于细胞内的多功能转录因子,属于碱性亮氨酸拉链(CNC-bZip)转录因子家族,包含7个功能相关的Nrf2-ECH同源结构域(Neh1-Neh7),这些结构域对Nrf2的激活与基因的转录有着重要的作用,在细胞防御机制中扮演着关键的角色^[16]。在正常生理条件下,细胞内Nrf2水平较低,Nrf2的Neh2区域高亲和力(ETGE)和低亲和力(DLG)结合基序与负性调控蛋白Keap1结合形成二聚体复合物,抑制Nrf2核转位,使其失去活性并促进其在细胞质内

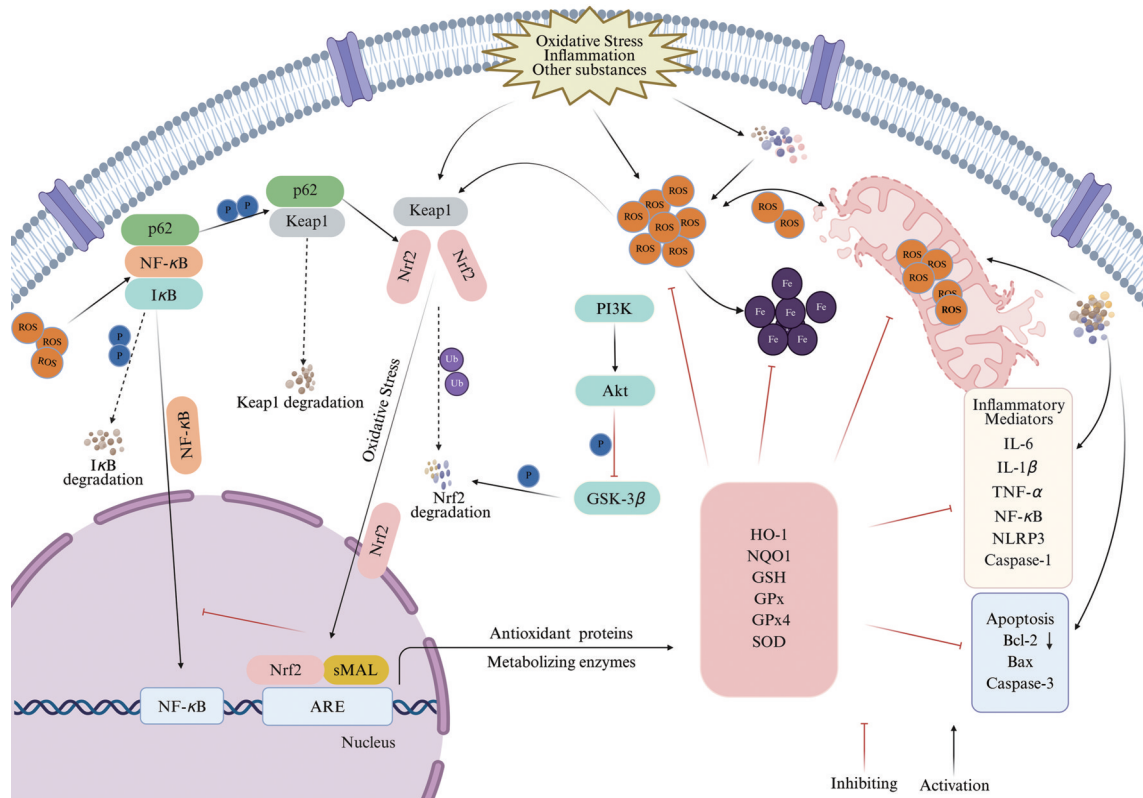
泛素化降解^[17-18]。当细胞受到氧化应激(OS)或其他亲电物质刺激时,Keap1上的半胱氨酸残基会发生改变,使其E3连接酶接头丧失活性,Nrf2与Keap1解偶联,Nrf2进入细胞核,其Neh1结构域同小分子肌动蛋白(sMaf)进行二聚化形成异源二聚体,再结合到ARE上,激活下游靶基因表达^[19-20]。ARE位于抗氧化蛋白和II相解毒酶基因上游的顺式作用元件上,存在于许多细胞保护基因的启动子区域,通常呈现出较低的甲基化水平,这有利于基因的转录,在OS条件下,ARE区域的甲基化水平会进一步降低,从而调控相关基因的表达,这些基因通常编码抗氧化酶、调控药物代谢酶和其他能够保护细胞免受损伤的蛋白质表达^[21-22]。

Keap1/Nrf2/ARE信号通路激活后,促进体内多种抗氧化酶和解毒酶的转录,主要包括超氧化物歧化酶(SOD)、谷胱甘肽过氧化物酶(GPx)、谷胱甘肽S-转移酶(GST)、血红素氧合酶-1(HO-1)和NAD(P)H醌氧化还原酶1(NQO1)等蛋白分子,这些酶有助于清除自由基,减少细胞和组织氧化损伤^[23-24]。同时,Keap1/Nrf2/ARE信号通路与磷脂酰肌醇3-激酶(PI3K)/蛋白激酶B(Akt)、核转录因子- κ B(NF- κ B)和丝裂原活化蛋白激酶(MAPK)等信号通路存在复杂的交互作用,共同发挥保护神经元的作用^[25-27]。如PI3K的激活可驱动下游Akt磷酸化,并抑制糖原合成酶激酶-3 β (GSK-3 β)的活性,避免由GSK-3 β 磷酸化造成Nrf2的降解。多项报道表明,Keap1/Nrf2/ARE信号通路在多种慢性和衰老性疾病方面都表现出良好的预防和治疗作用,如神经退行性疾病^[28]、癌症^[29]和心血管系统疾病^[30]等。因此,深入梳理Keap1/Nrf2/ARE信号通路在PD中发挥的作用,有利于为PD研究提供理论依据和新的治疗思路。

2 Keap1/Nrf2/ARE 信号通路在PD中的作用

Keap1/Nrf2/ARE信号通路可通过调控下游靶基因表达,以及与NF- κ B、MAPK和PI3K/Akt等信号分子相互串扰作用,协同抑制机体过氧化反应、神经炎症、细胞凋亡、铁死亡及改善线粒体功能障碍等,避免 α -突触核蛋白(α -Syn)聚集、路易小体形成和神经变性,减少多巴胺能神经元的损伤和缺失,改善了PD样运动和非运动症状。Keap1/Nrf2/ARE信号通路作用机制见图1。

2.1 OS OS是由于体内氧化还原反应失衡,活性氧(ROS)和活性氮(RNS)在体内过度累积,超过细胞或组织的抗氧化



注: IκB, 核因子κB抑制剂; GSH, 谷胱甘肽; GPx4, 谷胱甘肽过氧化物酶4; ROS, 活性氧; Bcl-2, B细胞淋巴瘤-2; Bax, Bcl-2相关X蛋白; Caspase-3, 胱天蛋白酶-3; IL-6, 白细胞介素-6; IL-1β, 白细胞介素-1β; TNF-α, 肿瘤坏死因子-α; Caspase-1, 胱天蛋白酶-1

图1 Keap1/Nrf2/ARE信号通路作用机制

Fig. 1 Mechanism of action of Keap1/Nrf2/ARE signaling pathway

能力,进而攻击生物体内氨基酸、脂质和核酸等分子,引起一系列级联反应,导致细胞氧化性损伤^[31-32]。虽然PD的病理机制尚不清楚,但越来越多的证据表明,OS在PD发病机制中,发挥关键的作用^[33]。OS促进ROS大量生成,增强了α-Syn聚集和路易小体形成,并攻击细胞大分子,神经发生变性,导致机体功能障碍^[34-35]。同时,PD病理损伤促进ROS产生,导致恶性循环,加速PD病程进展^[36]。研究表明,亲电子Nrf2激活剂在星形胶质细胞中上调内源性Nrf2表达,增强了细胞的抗氧化能力,促进了α-Syn清除,并发现皮质神经元中α-Syn聚集未见明显变化,主要由于皮质神经元没有启动Nrf2依赖的转录反应,进一步证明了靶向促进Nrf2在神经元中的发育,可增强蛋白正常稳态,进而改变神经退行性疾病的轨迹^[37]。Keap1/Nrf2/ARE信号通路是细胞内重要抵抗OS的防御系统,当生物体内ROS积累过多时,机体启动一系列瀑布式级联反应,Keap1与Nrf2的结合被抑制,Nrf2转移到细胞核中,并激活ARE驱动的下游基因表达,如HO-1,谷胱甘肽S-转移酶(GSTs)、GPx、SOD和谷胱甘肽(GSH)等,这些酶清除自由基,增强细胞的抗氧化能力,保护多巴胺神经元^[38-39]。KIM等^[40]研究了一种新型的Nrf2激活剂,通过干扰Keap1与Nrf2之间的相互作用,诱导Nrf2蛋白分子依赖性抗氧化酶基因HO-1、NQO1和GSH表达,减少了OS的损伤,抑制了神经元的变性,有效地改善了PD运动功能障碍和相关行为缺陷。

2.2 神经炎症 神经炎症是一种重要的防御机制,疾病的早期阶段,适度的炎症反应有助于机体识别病变,清除内外致病因素,恢复内环境稳态,而持续慢性炎症刺激或过度炎症细胞的募集会导致细胞和组织的损伤^[41-42]。Nrf2信号通路激活后,可通过下游效应因子和介导多种分子,抑制神经炎症的发生^[43]。α-Syn的异常聚集会激活小胶质细胞,活化的小胶质细胞释放大量促炎因子,促炎因子进一步激活小胶质细胞,从而导致炎症因子风暴,加速神经元的损伤^[44-45]。Nrf2激活后可通过多个途径抑制反应性神经毒性小胶质细胞产生,抑制促炎因子和氧化自由基过度表达^[46]。

此外,Nrf2信号分子可负向调节炎症细胞因子和趋化因子的表达,抑制神经炎症,改善细胞损伤^[47-48]。研究发现,Nrf2干扰了脂多糖(LPS)诱导的促炎细胞因子的表达,包括白细胞介素-6(IL-6)和白细胞介素-1β(IL-1β),且Nrf2与促炎基因的启动子结合,并干扰其转录,而不依赖于其在ROS调节中的作用^[21,49]。神经炎症和OS是相互依存的过程,促氧化物质的产生与抗氧化剂和解毒能力之间的失衡,导致ROS蓄积,促进炎症因子大量分泌。Keap1/Nrf2/ARE信号通路的激活促进HO-1、NQO1和GSH等抗氧化酶生成,清除生物体内的ROS,进而抑制由ROS介导的炎症,如肿瘤坏死因子(TNF)、白细胞介素-1(IL-1)和IL-6等,发挥神经元保护作用^[50-51]。Nrf2与NF-κB存在错综复杂的交互作用,Nrf2下游靶基因HO-1对NF-κB具有负性调控作用,HO-1介导蛋白

核因子 κ B抑制蛋白 α (I κ B α)的磷酸化,阻止I κ B- α 的降解,并干扰下游通路来抑制Toll样受体(TLR)/NF- κ B信号传导,阻止炎症转录因子NF- κ B激活途径,进而抑制肿瘤坏死因子- α (TNF- α)、IL-1和IL-6等炎症因子的生成,并抑制了由ROS的增多导致OS介导的NF- κ B激活^[52-53]。

Nrf2/NOD样受体蛋白3(NLRP3)/胱天蛋白酶-1(Caspase-1)信号通路途径也在神经炎症发生机制中起着重要作用,Nrf2的激活可以抑制NLRP3炎症小体生成和Caspase-1的活化,减轻炎症和细胞损伤,缓解运动障碍和黑质纹状体多巴胺能退化^[54]。另外,PARK等^[55]研究表明,Nootkatone化合物能够激活星形胶质细胞中的Nrf2信号通路,减少TNF- α 和IL-1 β 的生成,有助于保护神经元免受1-甲基-4-苯基-1,2,3,6-四氢吡啶(MPTP)诱导产生的毒性,从而抑制炎症反应和神经变性,改善PD小鼠的运动功能。

2.3 细胞凋亡 细胞凋亡是指细胞通过一系列程序性反应自我消亡的过程,是一种复杂而精确的细胞死亡机制,对维持机体组织的发育和细胞的稳态至关重要,由细胞凋亡引起的进程性脑组织损伤是一种病理学标志,这与PD的发生发展密切相关^[56-57]。Nrf2分子被激活后,可调控凋亡相关因子的表达,如增强抗凋亡分子B细胞淋巴瘤-2(Bcl-2)表达,抑制Caspase-3和Bcl-2相关X蛋白(Bax)等促凋亡因子的转录,抑制细胞凋亡,进而减少多巴胺能神经元的丢失^[58-59]。实验研究表明,Nrf2蛋白的激活,可以显著降低Caspase-3和Bax的表达,提高Bcl-2水平,增强细胞活力,抑制由利多卡因诱导人神经母细胞瘤细胞(SH-SY5Y)凋亡^[60]。此外,Nrf2能够上调Bcl-2家族蛋白[如骨髓细胞白血病-1(MCL-1)因子]的表达,这些蛋白通常具有抗凋亡作用,并抑制凋亡因子Bax、切割型(cleaved)Caspase-3/Caspase-3和C/EBP同源蛋白(CHOP)的表达,阻止细胞凋亡的发生,发挥神经元保护作用^[61]。HU等^[62]通过研究表明,金葡萄菌素可通过激活Nrf2信号,上调HO-1靶基因的表达,抑制细胞免受6-羟基多巴胺(6-OHDA)诱导的损伤,阻止线粒体依赖的凋亡途径,改善了PD的功能障碍。

2.4 铁死亡 铁死亡是一种新型的调节性细胞死亡方式,主要由于细胞内亚铁离子(Fe²⁺)的累积和脂质活性氧的增加,催化细胞死亡^[63-64]。细胞内Fe²⁺积聚促进自由基大量生成,进一步引发细胞内脂质的过氧化反应,当脂质过氧化物的水平超过细胞的清除能力时,就会启动程序性铁死亡,进而加速细胞和组织损伤^[65-66]。多项研究表明,生物体内GPx4是铁死亡重要的调节因子,抑制GPx4或其上游因子可诱导铁死亡,其能将GSH转化为谷胱甘肽二硫化物(GSSG),同时将有害的脂质过氧化物还原为无害的醇类,当GPx4生成不足和功能受到抑制时,细胞内的脂质过氧化物过度累积,加速生物体铁死亡的发生^[67-68]。Nrf2在铁死亡过程中,通过激活ARE的转录,驱动下游GPx4蛋白的表达,进而清除细胞内脂质过氧化物,抑制Fe²⁺的聚积^[69-70]。实验研究表明,整合体1(SQSTM1/p62)蛋白可通过激活Keap1/Nrf2/ARE信号通路抑制铁死亡,其机制可能是促进下游HO-1、GPx4和GSH等基因表达,清除细胞内的铁沉积,抑制

脂质过氧化物的堆聚,以达到对多巴胺能神经元的保护作用^[71]。此外,SUN等^[72]研究发现p62通过与Nrf2竞争性的结合Keap1蛋白,增加Nrf2稳定性,并激活下游HO-1靶基因,抑制由6-OHDA诱导的铁依赖性细胞死亡。

2.5 线粒体功能障碍 线粒体主要负责能量生成、脂质代谢、OS和细胞信号传导等,是维持细胞正常功能的重要细胞器,同时是ROS生成的场所,其功能障碍可导致能量产生不足、脂质代谢异常及OS失衡等^[73-75]。Nrf2通过上调多种重要转录因子的表达,对线粒体功能维持发挥直接作用,且与线粒体编码因子相互作用,控制核编码线粒体蛋白的表达,促进线粒体发生、增强线粒体自噬和清除线粒体中过量的ROS等,有效地改善了PD样症状和病理变化^[76-77]。研究表明,四甲基吡嗪硝酮(TMPN)可通过上调PD小鼠模型中过氧化物酶体增殖受体 γ 辅激活因子-1 α (PGC-1 α)/Nrf2的表达,激活下游ARE的转录,进而增强抗氧化酶基因的表达,缓解机体应激反应,改善线粒体功能的紊乱,提高多巴胺能神经元存活率,增加纹状体中多巴胺(DA)含量^[78]。Nrf2因子的激活,有助于通过调节线粒体生物合成和能量生成来增强线粒体功能,同时通过增强细胞的抗氧化系统防御能力,帮助维持线粒体的稳态,避免线粒体损伤^[79]。去乙酰化酶3(SIRT3)是Sirtuin蛋白家族的一员,主要存在于线粒体中,在线粒体稳态和代谢调节中发挥重要作用。CHEN等^[80]研究发现氨基丙基咪唑化合物(P7C3)通过促进Nrf2核转位,增加SIRT3基因的表达,促进线粒体自噬和减少ROS的生成,阻止了多巴胺神经损伤。

3 中药调控Keap1/Nrf2/ARE信号通路对PD的干预作用

PD属于中医学“颤证”范畴,多数医家认为本病病位主要在肝,可涉及脑、脾、肾、心和肺等多个脏腑,中医认为其主要病机与肝肾阴虚、气血不足及筋脉失养等密切相关。中药通过调控Keap1/Nrf2/ARE信号通路治疗PD过程体现了整体观和微观辨证理论相结合。当神经细胞微环境的稳态被OS、炎症和铁死亡等因素打破,神经元生长、增殖、凋亡、衰老等自然进程受阻,以致机体内环境改变。中医药可以通过对微观分子靶点调控,改善OS、神经炎症、细胞凋亡、铁死亡及线粒体功能等,以维持细胞正常生理稳态,缓解多巴胺能神经元的损伤,从而阻止PD的发生发展^[81]。

3.1 中药单体及有效活性成分基于Keap1/Nrf2/ARE信号通路对PD的干预作用 银杏叶是一种常用的中药材,具有改善血液循环、抗氧化和保护中枢神经系统等多种药用价值^[82]。研究表明,银杏叶可通过激活Nrf2信号,增加胆碱酯酶和酪氨酸羟化酶(TH)阳性细胞含量,减少RNS、Caspase-3和髓过氧化物酶(MPO)释放,改善PD样运动和非运动症状^[83]。五味子具有敛肺止咳、生津止渴和补肾宁心等功效,其可通过激活脑源性神经营养因子(BDNF)/Nrf2/NF- κ B信号通路,缓解由6-OHDA诱导的PD小鼠的多巴胺能神经元OS、神经炎症和细胞凋亡等,改善机体功能^[84]。此外,研究发现紫苏叶提取物可通过激活星形胶质细胞和小胶质细胞中ARE基因,驱动HO-1表达,上调谷氨酰半胱氨酸合成酶信使RNA(γ -GCS mRNA)、一氧化碳(CO)、鸟苷酸环化酶

(GC)和蛋白激酶G(PKG)含量,增强多巴胺能神经元抗氧化作用^[85]。谷伟等^[86]通过临床试验发现,红景天注射液明显改善PD患者症状,其机制可能是通过激活Nrf2的表达,增加SOD和GSH-Px的含量,降低丙二醛(MDA)的水平,进而缓解了机体的氧化损伤,阻止了患者PD病理进展。

3.1.1 黄酮醇类 研究表明,槲皮素通过激活Nrf2表达,促进GPx4、GSH、SOD和溶质载体家族7成员11(SLC7A11)基因转录,减少MDA和ROS含量,显著抑制脂质过氧化诱导的铁死亡,提高线粒体膜电位和质量,恢复线粒体形态,从而避免多巴胺能神经元的丢失^[87-88]。葛根素是葛根发挥药效的关键成分,可通过抑制Nrf2核排斥,驱动谷氨酸半胱氨酸连接酶催化亚基(GCLC)的表达,促进GSH生成,清除过量的ROS,并抑制GSK-3 β 的磷酸化,有效改善了PD运动和非运动症状^[89]。通过体内实验发现,根皮素可调节哺乳动物雷帕霉素靶蛋白(mTOR)/p62与Nrf2双向反馈通路,调节mTOR、p62和自噬相关蛋白(Atg5、Atg7和Beclin)等表达,降低ROS、细胞色素C(Cyt C)和Bax的水平,增加了TH阳性细胞含量,阻止 α -Syn的聚集,有效改善小鼠的运动能力和焦虑样行为^[90]。黄芩苷可显著上调Nrf2及其下游抗氧化酶的表达,抑制NLRP3炎症小体的激活,减轻生物体内OS、小胶质细胞活化和炎症反应,其抑制NLRP3炎症小体的激活可能依赖于Nrf2介导的抗氧化反应机制^[91]。栀子苷是栀子主要活性成分,具有退热、解烦、凉血和利尿等功效,其通过激活Nrf2信号,调节mTOR蛋白表达,阻止神经元的变性死亡,发挥神经保护作用^[92]。研究发现,淫羊藿次苷II可能是通过阻止Keap1的表达,增加Nrf2及下游抗氧化酶的水平,抑制MDA、Bax、Caspase-3、切割型聚腺苷二磷酸核糖聚合酶(cleaved PARP)、长链脂酰辅酶A合成酶4(ACSL4)和转铁蛋白受体1(TFR1)的生成,进而抑制OS、细胞凋亡和铁死亡等^[93]。研究证实,姜黄素可通过激活Nrf2的表达,增强Bcl-2表达,降低Bax和Caspase-3含量,调控自噬相关因子p62和微管相关蛋白1轻链3 II型(LC3 II),促进细胞抗氧化功能,恢复自噬机制,维持线粒体正常功能,抑制细胞凋亡,改善PD模型小鼠的运动协调能力^[94]。白藜芦醇可通过抑制信号转导与转录激活因子1(STAT1)和Keap1的表达,激活Nrf2和SLC7A11蛋白,驱动下游基因的转录,并抑制了鱼藤酮对IL-6、IL-1 β 和TNF- α 的诱导作用,减弱神经炎症和OS,增强了神经元的保护作用^[95]。研究发现,杨梅素有效地减轻了PD运动障碍,其机制可能是促进了Nrf2核转位和GPx4的表达,抑制了 α -Syn堆积,进而阻止了铁死亡,恢复了神经递质水平^[96]。水仙苷可通过激活微小RNA-200a(miR200a)/Nrf2/GSH信号通路,同时增强细胞外信号调节激酶(ERK)和Akt的活性,并降低了c-Jun氨基末端激酶(JNK)和p38 MAPK的含量,进而抑制了ROS增加和细胞凋亡途径^[97]。

3.1.2 萜类 莫诺苷是一种主要从山茱萸的干燥成熟果肉中提取的活性分子,研究表明其可通过激活Nrf2/ARE信号通路,上调GSH、GPx4、SLC7A11、铁蛋白重链(FTH1)和膜铁转运蛋白(FPN)等表达,降低ROS和MDA水平,改善脂

质代谢异常,阻止铁死亡,修复线粒体损伤^[98]。隐丹参酮可通过激活Nrf2/HO-1信号通路,阻止NF- κ B激活,抑制IL-1 β 、IL-6及诱导型一氧化氮合酶(iNOS)等炎症标志物生成,进而保护神经元免受炎症损伤^[99]。研究表明,芳樟醇可通过激活Nrf2、BDNF和神经生长因子(NGF),上调HO-1、TH、沉默信息调节因子1(SIRT1)、Bcl-2、帕金蛋白(Parkin)、 γ -氨基丁酸A型受体 α 1亚单位(GABAA α 1)和 γ -氨基丁酸B型受体(GABAB)等信号分子,改善神经元损伤^[100]。体外实验表明,穿心莲内酯具有显著的神经保护作用,其机制可能是激活了Nrf2/Keap1信号通路,增加SOD、HO-1、GPx、过氧化氢酶(CAT)和谷胱甘肽S-转移酶P1(GSTP1)活性,提高抗氧化能力,以及通过增强线粒体自噬清除 α -Syn聚集,发挥神经元保护作用^[101]。研究表明,芍药苷可能通过激活Nrf2/HO-1信号通路,增强SOD、HO-1、GSH和Bcl-2表达,降低MDA、Bax和cleaved Caspase-3的含量,抑制OS和细胞凋亡,显著改善了PD模型小鼠的运动功能障碍^[102]。研究证实,天麻素可以通过激活p38 MAPK/Nrf2信号通路诱导HO-1表达,降低ROS含量,增高膜电位和Bcl-2/Bax,显著地提高了细胞生存率^[103]。ZHANG等^[104]研究发现雷公藤红素可通过激活Nrf2/NLRP3/Caspase-1信号通路,抑制炎症介质的生成和释放,阻止神经炎症的发生。此外,研究表明齐墩果酸^[105]、黄芪甲苷IV^[106]、芝麻醇^[107]均可以激活Nrf2信号,启动下游靶基因的转录,显著降低ROS的含量,阻止 α -Syn积聚,抑制多巴胺能神经元变性,改善机体病理特征。

3.1.3 苯丙素类 研究表明,藜本内酯通过激活Nrf2/硫氧还蛋白还原酶(TrxR)信号通路,调节小胶质细胞的表型极化,维持体内氧化与抗氧化的平衡,从而保护神经元^[108]。通过体内实验研究发现,红景天苷可激活Nrf2/GPx4信号通路,增加TH、GPx4、Nrf2的表达,提高线粒体膜电位,降低MDA和游离铁的含量,进而抑制了铁死亡^[109]。

3.1.4 香豆素类 羌活醇是从羌活中提取出来的生物活性成分,具有抗炎、抗氧化和抗风湿等生理功效^[110-111]。研究表明,羌活醇可通过激活Akt/Nrf2/HO-1信号轴抑制小胶质细胞活化,阻止炎症因子和促炎因子的生成,抑制炎症反应,从而避免了神经炎症损伤^[112]。

3.1.5 皂苷类 人参皂苷Rk₁是一种从人参中提取的化合物,具有增强免疫功能、调节神经系统功能和抑制肿瘤生长等作用^[113-114]。研究表明,人参皂苷Rk₁可能通过激活SIRT3介导的Nrf2/HO-1信号通路,发挥抗炎、抗氧化和抑制细胞凋亡等神经保护作用,从而减轻了神经损伤^[115]。

3.1.6 生物碱 钩藤生物碱是钩藤中的主要活性成分,具有抗炎、降血压和神经保护等多种药理作用^[116]。研究表明,钩藤生物碱通过抑制TLR4/NF- κ B/NLRP3和激活Nrf2/HO-1信号通路,显著减轻了MPTP诱导PD的小鼠运动功能缺陷和多巴胺能神经损伤,逆转血清中炎症和OS因子的异常分泌,从而避免了神经元的损伤^[117]。

综上所述,研究进一步证实了,中药单体及有效活性成分可通过激活Keap1/Nrf2/ARE信号通路,启动下游抗氧化酶基因的转录和调控其他蛋白分子表达,显著地提高了机体

的抗氧化能力,抑制了神经炎症、细胞凋亡及铁死亡等病理机制,改善了PD的运动症状和非运动症状。此外,通过文献检索发现,激活Nrf2分子通路治疗PD的中药有效成分,以黄酮类和萜类单体化合物居多,其他潜在的靶向治疗PD中药单体有待探究。现将中药单体及活性成分调控Keap1/Nrf2/ARE信号干预PD的具体作用机制进行总结,见增强出版附加材料^[83-117]。

3.2 中复方和针灸基于Keap1/Nrf2/ARE信号通路对PD的干预作用 神得安片可激活PGC-1 α /Nrf2信号通路,增强HO-1、DA及代谢产物[3,4-二羟苯乙酸(DOPAC)和高香草酸(HVA)]等分子的活性,阻止 α -Syn的聚集,有效地保护多巴胺能神经元,延缓了PD的病程进展^[118]。五子衍宗丸通过上调Nrf2和HO-1蛋白表达,降低Keap1分子水平,抑制机体OS反应,提高细胞的存活率,进而避免了多巴胺能神经元变性损伤^[119]。此外,研究表明镇肝熄风汤可显著增加由MPTP诱导PD模型小鼠细胞内Nrf2/HO-1信号通路表达,发挥神经元保护作用,改善PD小鼠的运动能力^[120]。边颂博^[121]通过临床试验发现,熄风定颤丸可能通过激活Nrf2信号通路,增强下游GSH基因表达,有效地改善了PD患者运动症状,提高了患者生存质量。抵挡汤可通过激活SIRT1介导的Akt/Nrf2/HO-1信号通路,抑制乳酸脱氢酶(LDH)的释放,增加抗氧化活性和抑制线粒体凋亡途径,改善了运动功能^[122]。补肾活血法可通过上调PD模型大鼠Nrf2、NQO1、HO-1、5-羟色胺(5-HT)、TH、BDNF和多巴胺D1受体(DRD1)表达,抑制OS损伤,发挥多巴胺能神经元保护作用^[123]。

针灸是一种传统中医疗法,具有数千年的历史,其主要通过针刺或灸法来调节机体的气血和经络,以达到治疗疾病和维护健康的目的。现代研究通过分子理论进一步证实,针刺具有显著的抗氧化、抗炎和抗凋亡等作用,对多种疾病具有良好的治疗效果^[124]。通过动物实验研究表明,电针刺激小鼠“风府”“太冲”和“足三里”穴改善PD行为学障碍的作用机制,可能是激活大脑纹状体中Nrf2和HO-1表达,减轻PD小鼠OS,进而提高纹状体中TH阳性纤维表达,发挥神经保护作用^[125]。郑合昇^[126]研究发现,电针刺激可激活Nrf2/GPx4信号通路,抑制铁死亡的发生,减少多巴胺能神经元的缺失,进而发挥治疗PD的作用。此外,研究发现电针刺激“足三里”可改善PD小鼠运动功能障碍,减少黑质多巴胺神经元丢失,抑制神经炎症反应,其机制可能与调节Nrf2/NLRP3/Caspase-1信号通路相关^[127]。柳雪蕾等^[128]研究表明,艾灸“百会”和“四神聪”可激活Nrf2/ARE信号通路,减轻PD大鼠黑质纹状体系统OS损伤,从而发挥对多巴胺能神经元的保护作用。

综上,现代研究表明,中药复方和针灸可通过调控Keap1/Nrf2/ARE信号通路,阻止神经变性,抑制多巴胺能神经元的缺失,改善PD的运动功能障碍。将中药复方和针灸通过调控Keap1/Nrf2/ARE信号通路抵抗PD的作用机制进行总结,见增强出版附加材料^[118-128]。

4 总结与展望

PD是最常见的以运动障碍为主要表现的中枢神经性退

行疾病之一,严重影响并威胁着人类的健康和生活。目前传统治疗药物可以一定程度上改善运动和非运动症状,但无法阻止病程发展也不能实现彻底治愈。近年多项研究表明,Keap1/Nrf2/ARE信号通路在PD中发挥重要作用,激活Keap1/Nrf2/ARE信号通路能够通过参与机体OS、神经炎症、细胞凋亡、铁死亡和线粒体功能障碍等,显著减轻PD相关运动功能的损伤。目前已发现中药单体或有效活性成分、中药复方及针灸能够干预Keap1/Nrf2/ARE信号通路,可直接激活该通路促进抗氧化酶和代谢酶的表达,并抑制ROS和脂质过氧化物等生成,缓解OS,抑制铁依赖性细胞死亡。同时,中药可通过该通路影响下游抗氧化靶基因及与该通路相互作用的促炎因子、抗炎因子和炎症活性小体等表达,从而减轻了炎症诱导的神经元和脑组织损伤。此外,中医药通过调控Keap1/Nrf2/ARE信号通路抑制细胞凋亡和铁死亡,维持线粒体稳态,这些作用显著改善了PD的运动和非运动功能障碍,延缓疾病的病程进展。由此可见,中医药在治疗PD中具有显著优势,能够极大地减缓患者病程进展,提高患者生存质量,为未来PD治疗研究提供了药材选择及新的研发思路等方面的理论依据。

中医药虽在调控Keap1/Nrf2/ARE信号通路防治PD中展现出了广阔的应用前景和巨大潜力,但也存在一些问题。目前相关研究主要停留在动物实验和体外细胞实验阶段,缺乏人体临床试验评估,且针对PD恢复期和预后的研究相对短缺,对于机制间的相互影响作用也缺乏进一步探讨,仍需进行更多的基础和临床研究,以进一步验证其疗效和安全性。此外,大部分研究多局限于中药单体或有效活性成分,对于中医最精华部分的中药配伍及组方研究不深,缺乏相应的文献证据支持,距中医的病-证-方-药细化论治思路仍有较大差距。因此,在现有研究的基础上,进一步明确中医药调控Keap1/Nrf2/ARE信号通路在其中发挥作用的关键节点及其具体作用机制,控制变量,研究多因子、多通路之间的协同影响作用,积极探索中药组合所带来的作用差异,逐步完成从中药单体到中药药对再到中药组方的跨越,细化分析其对PD不同证型的作用差别。综上,目前中医药调控Keap1/Nrf2/ARE信号通路仍存在不足,但随着未来研究的进一步推进,中医药对Keap1/Nrf2/ARE信号通路的调控有望对PD的临床防治和药物研发提供更多思路。

[利益冲突] 本文不存在任何利益冲突。

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[责任编辑 顾雪竹]