

桂枝芍药知母汤及其单味药有效成分治疗类风湿关节炎的研究进展

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[摘要] 类风湿关节炎(RA)是以对称性关节疼痛、肿胀和僵硬为临床特征的一种常见自身免疫性疾病,长期慢性滑膜炎会导致严重的关节损伤甚至残疾而影响患者的生活质量。现在对于RA在临床中的治疗注重中西医并重,而中医中药在降低RA疾病活动度及预防复发等方面具有一定优势。现代临床证实桂枝芍药知母汤(GSZT)在改善RA患者免疫代谢、关节僵硬疼痛等症状方面具有良好的效果,药理学研究发现GSZT主要有桂皮醛、白芍总苷、附子总生物碱、甘草次酸、姜酮、别欧前胡素、麻黄多糖、雪松醇等成分,可通过增强免疫应答、抗炎镇痛、调节相关信号通路、抑制细胞凋亡、抑制骨破坏等多种机制通过多靶点改善RA症状。该文通过对GSZT治疗RA的方证和药效基础、临床应用与相关机制研究进行综述,为GSZT治疗RA的进一步开发利用提供理论依据和参考。

[关键词] 桂枝芍药知母汤; 类风湿关节炎; 药效机制; 研究进展

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Guizhi Shaoyao Zhimutang and Active Components of Its Single Herbs in Treatment of Rheumatoid Arthritis: A Review

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[Abstract] Rheumatoid arthritis (RA) is a common autoimmune disease characterised clinically by symmetrical joint pain, swelling, and stiffness. Long-term chronic synovial inflammation can lead to severe joint damage and even disability, thereby affecting quality of life for patients. Current clinical treatment of RA emphasises an integrated approach combining traditional Chinese and Western medicine, with traditional Chinese medicine offering certain advantages in reducing disease activity of RA, preventing relapses, and other aspects. Modern clinical evidence confirms that Guizhi Shaoyao Zhimutang (GSZT) is effective in improving symptoms such as immune metabolism, joint stiffness, and joint pain in RA patients. Pharmacological studies have revealed that GSZT primarily contains components such as cinnamaldehyde, total glucosides of paeony, total alkaloids of *Aconiti Lateralis Radix Praeparata*, glycyrrhetic acid, zingiberone, isoimperatorin, ephedra polysaccharides, and cedrol. It improves RA symptoms via multiple mechanisms and targets, including enhancing immune responses, exerting anti-inflammatory and analgesic effects, regulating relevant signalling pathways, inhibiting cell apoptosis, and suppressing bone destruction. This paper reviewed the syndrome patterns and pharmacological basis of GSZT in the treatment of RA, as well as its clinical applications and related mechanisms, thereby providing a theoretical basis and reference for the further development and utilisation of GSZT in the

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treatment of RA.

[Keywords] Guizhi Shaoyao Zhimutang; rheumatoid arthritis; pharmacodynamic mechanism; research progress

类风湿性关节炎(RA)是一种由免疫介导的炎症性疾病,其特征是对称性关节疼痛、肿胀和僵硬,而慢性滑膜炎最终将导致关节损伤和残疾^[1]。RA病因尚不清楚,研究发现家族遗传、雌激素水平、环境因素、病原体感染、肠道菌群代谢物等因素与其相关^[2-3]。RA患者致残率高,病程5~10年的致残率为43.48%,15年以上致残率达61.25%,给患者及其家庭带来巨大负担,RA直报项目显示,我国目前有500多万患者^[4]。临床治疗以非甾体抗炎药、改善病情的抗风湿药(DMARDs)包括传统DMARDs(甲氨蝶呤、来氟米特等)、生物DMARDs(阿达木单抗、托珠单抗等)、小分子靶向DMARDs(巴瑞替尼、托法替布等)为主,但这些药可能产生骨髓抑制、肝肾损伤等不良反应^[5]。而中草药具有“多成分、多靶点、多环节、多效”的药理特点,在治疗疑难杂病方面具有不可替代的能力^[6]。许多传统、现代方剂已被证实RA的治疗中具有独特优势,如益肾蠲痹汤、白虎桂枝汤等^[7-8]。

桂枝芍药知母汤(GSZT)在《金匮要略·中风历节病脉证并治第五》中记载:“诸肢节疼痛,身体尪羸……温温欲吐,桂枝芍药知母汤主之。”文中肢节疼痛、身体尪羸、脚肿均为体表症状属表阴证,即少阴病。短气、头眩、欲吐等症状,皆由太阴经虚寒,脾胃运化不足,饮邪停留于脾胃,饮邪随气上冲所致。寒湿之邪停滞日久而化热,则有阳明病特点。GSZT诸药合用治疗少阴、太阴、阳明三经合病,发挥温阳解表、祛湿利水、消肿止痛和清郁热作用^[9]。关于中药汤剂(GSZT、蠲痹汤、白虎桂枝汤等)治疗RA有效性和安全性的Meta分析得出:与单纯常规疗法相比多种方剂联合常规治疗显著降低C反应蛋白(CRP)水平和血清红细胞沉降率(ESR),而GSZT联合常规治疗在临床总有效率、降低类风湿因子(RF)水平及不良反应发生率等中优势突出^[10]。本文就GSZT治疗RA的方证和药效基础、临床研究及作用机制进行综述,为GSZT治疗RA的临床应用提供科学依据和理论基础。

1 GSZT治疗RA的方证基础

《济生方·痹》曰:“皆因体虚腠理空疏,受风寒湿气而成痹也。”历代医家将RA命名为“厉节”“骨痹”“鹤膝风”等,现多归于“尪痹”范畴。中医理论体系认为痹症发病根源是以长期素体亏虚为内因,复外感风、寒、湿邪,内因、外因相互作用,致使血瘀痰凝阻滞筋骨、关节和肌肉,表现出风胜以动、寒胜以痛、湿胜以肿、热胜以灼的病证特点,其本为虚,以“风、寒、湿三气兼热邪”夹杂为其病性。而GSZT配伍功效与其病因病机相符合,现在也多用于治疗痹症风寒湿外袭,渐而化热伤阴者^[11]。

GSZT中桂枝擅通阳散寒,合附子大辛大热之性,入筋骨,驱寒凝之功,更助桂枝温通之力,二者相须为用共为君药。麻黄助君药开表散邪,透达关节;白术、防风助君药祛风除湿,三者为臣药,同君药增强祛风、散寒、除湿之功。知母性寒以清热护阴,合芍药敛阴和营缓急止痛并制辛散太过,生姜和胃止呕并解附子之毒,三者合用为佐药,并兼顾痹证

日久化热的情况。甘草为使以调和诸药并协同健脾、缓急止痛之效。诸药配伍寒热并用,散收结合,祛邪与扶正兼顾,使风湿得除,经络得通,营卫调和,阴阳平衡,从而达到治疗RA的目的。

2 GSZT的各组分药效基础

在一项GSZT相关成分提取测定中发现,GSZT中依次含有麻黄碱、肉桂酸、芍药苷、甘草苷、甘草酸和姜酚等成分^[12]。网络药理学预测GSZT具有调节机体免疫应答、细胞增殖、凋亡与炎症反应,抑制骨破坏及血管内皮生长因子等作用,直接或间接发挥治疗RA的作用^[13]。

桂枝《本草纲目》记载:“治一切风冷风湿,骨节挛痛……扶脾土,熨阴痹”,有效成分包含氨基酸类、黄酮类、皂苷类和生物碱类等^[14]。桂皮醛作为其主要成分,在RA治疗中具有促RA滑膜成纤维细胞(RA-FLS)凋亡,减轻炎症反应等作用,同时其反式结构反式肉桂醛也可抑制核转录因子- κ B(NF- κ B)信号通路而发挥抗炎作用。同时,含桂枝的中药汤剂也在RA治疗中发挥作用,如白虎桂枝汤能抑制NF- κ B和Toll样受体4(TLR4)/磷脂酰肌醇3-激酶(PI3K)/蛋白激酶B(Akt)通路以抑制NLRP3炎症小体的激活,减少炎症因子释放,缓解关节炎症和骨侵蚀,而黄芪桂枝五物汤降低炎症因子及磷酸化(p)-NF- κ B蛋白表达水平减轻关节炎症,保护骨破坏及改善关节运动功能^[15-16]。

白芍《神农本草经》中记载:“除血痹,破坚积,寒热,疝瘕,止痛,益气。”主要包含萜类、苷类、黄酮类、多酚类等化合物^[17]。目前以芍药苷类化合物在RA中的研究较多,其能抑制滑膜细胞的增生,新血管的形成和促进细胞凋亡并调节多种信号通路缓解RA症状,同时降低甲氨蝶呤(MTX)或来氟米特在治疗RA活动期肝毒性的发生率^[18-19]。

附子主要生物活性成分包括生物碱、黄酮类化合物和多糖等,主要药理作用和毒性成分是生物碱^[20-21]。研究发现生物碱可通过调节免疫平衡,促进细胞凋亡,控制炎症等作用防治RA,而附子是临床中治疗RA的常用药物^[22]。此外,含附子的方剂在RA治疗中被证实有效,如附子汤能提高骨保护素(OPG)水平,防止骨破坏的发生,同时降低炎症因子白细胞介素(IL)-6、IL-1 β 和肿瘤坏死因子- α (TNF- α)水平,改善滑膜炎症,而芍药甘草附子汤则可改善胶原诱导性关节炎(CIA)大鼠模型的症状和炎症反应,其机制与调节TLR4/丝裂原活化蛋白激酶(MAPKs)/NF- κ B信号通路和减少炎症因子释放有关^[23-24]。

甘草于《神农本草经》内载:“主五脏六腑寒热邪气,坚筋骨,长肌肉,倍力。”其主要含有黄酮类、皂苷类、香豆素类、氨基酸类等成分^[25]。网络药理学揭示甘草能降低TNF- α 、血管内皮生长因子-A(VEGF-A)、IL-1 β 和IL-6水平,抑制RA炎症和新生血管形成^[26]。研究发现甘草中的有效成分18 β -甘草次酸、甘草苷、甘草查尔酮A、甘草酚等可通过下调炎症因子,诱导细胞凋亡,调节免疫平衡改善RA症状。此外,其能

调节肠内及血清辅助性T细胞17(Th17)/调节性T细胞(Treg)的比值,通过修复肠屏障和调节肠关节轴改善RA的免疫失衡状态^[27]。提示甘草能通过多途径改善RA症状。

防风具有祛风解表,胜湿止痒等功效,《神农本草经》言:“主大风……风行周身,骨节疼痛,烦满。”主要化学成分包括色原酮类、香豆素类和多糖类等,在防治RA中通过提高免疫力,抑制相关信号通路,减少细胞凋亡蛋白的表达及炎症因子释放,能够改善RA临床症状及关节功能的作用^[28-29]。作者认为防风有效成分的提取与协同应用可发挥中医药多靶点、多通路治疗RA的优势。

麻黄在《神农本草经》归属中品,其内记载:“发表出汗,去邪热气……除寒热,破癥坚积聚。”其主要化学成分包括生物碱类、黄酮类、木脂素及多糖类物质等^[30]。在防治RA中,麻黄多糖对于增强RA模型的免疫应答具有强化效果,且在抗炎,调节肠道菌群等具有重要作用,此外麻黄乙醇提取物也通过抗氧化和抗炎等发挥治疗RA的作用。作者认为对麻黄有效成分的提取分类研究可提升中医防治RA水平。

生姜为一种药食同源的药品,主要成分包含萜类、酚类物质和二萜基庚烷类化合物等^[31]。Öz等^[32]发现生姜提取物能降低CIA模型中血清及滑膜组织TNF- α 、IL-6、IL-17、NF- κ B和环氧合酶-2(COX-2)水平,改善炎症反应,同时调整血清Dickkopf-1相关蛋白及硬化素水平,通过抑制Wnt/ β -连环蛋白(β -catenin)信号通路和NF- κ B信号通路预防或延缓关节炎。在防治RA的过程中,生姜提取物如雪松醇、姜烯酚、姜酮及姜辣素具有调控相关信号通路,调节免疫平衡及抗炎的功能。此外将生姜衍生的细胞外囊泡(GDEV)与叶酸(FA)偶联,是具有保持固有免疫调节特性的FA-GDEV,能抑制PI3K和Akt的磷酸化,促进向修复性M2巨噬细胞表型的极化,缓解受累关节症状^[33]。见表1。

综上GSZT的各组分研究,发现中药活性成分在防治RA方面具有一定的协同作用。最有效直接的机制为抑制炎症因子的释放,并通过影响氧化应激、抑制异常信号通路等达到减轻RA关节炎症及发挥骨保护作用。

3 GSZT治疗RA临床研究

近年来,临床研究证明使用GSZT对RA的治疗有效,可改善患者生活质量。然在临床治疗过程中,基于RA病情复杂缠绵,患者的症状、病程及证型的差异,直接使用单一方药治疗者很少,多是通过联合西药并同其他方剂及针灸疗法等外治法达到治疗目。

3.1 单方加减联合常规治疗 临床分析得出与单独使用MTX相比,将GSZT与MTX联合使用可能是一种更有效,更安全的RA治疗策略^[52]。相关Mate分析GSZT联合传统DMARDs治疗RA能有效改善关节压痛,晨僵时间及双手握力,降低RF、ESR和CRP等实验室检测指标,疗效优于单用传统DMARDs且更安全^[53]。刘志宇等^[54]研究发现GSZT联合来氟米特治疗RA3个月后,患者血清CRP、ESR、RF、抗环瓜氨酸抗体等生化指标均降低,关节肿痛,僵硬程度缓解,而效果均优于单用来氟米特,且不良反应发生率低。综上所述GSZT可有效缓解关节肿胀与疼痛,降低晨僵时间,改善

疾病活动与临床症状,提升关节功能,与传统治疗方案起到积极的辅助与协同作用,值得临床上运用。见表2。

3.2 单方加减联合其他方剂 相较于单用GSZT,其联合通痹胶囊、白虎汤、五虫散等方剂治疗RA,也具有较好的疗效。GSZT联合通痹胶囊治疗RA后,关节疼痛、屈伸不利,畏寒、关节酸胀等临床症状大幅缓解,CRP、TNF- α 、IL-6生化指标降低,并能改善骨代谢,抑制炎症,增强免疫功能^[62]。GSZT加白虎汤联合西药治疗RA总有效率为63.33%,高于对照组(53.33%)并且药物安全性高,不良反应低,疗效确切^[63]。而GSZT加五虫散联合MTX治疗RA患者6周后,其关节疼痛、肿胀、压痛及中医证候等改善优于追风透骨胶囊联合MTX,且具有较高安全性^[64]。

通痹胶囊祛风胜湿散寒、活血通络止痛、并调补气血,主治寒湿闭阻,瘀血阻络,气血两虚所致痹证,五虫散活血化痰,通络止痛,主治瘀血阻络痹证,白虎汤清热生津,可用热盛所致痹证。RA病因病机复杂多样,其本质是本虚标实,湿热,痰凝,瘀血阻滞经络关节,不通则痛,在临床上应注重清热祛湿,活血通络等治法的应用。研究表明上三方均能减轻患者关节肿痛、僵硬,改善血清生化指标,增强免疫功能。

4 GSZT治疗RA的作用机制

4.1 抗炎镇痛 中性粒细胞胞外诱捕网(NET)与RA的发生发展密切相关,能够诱导自身抗体的产生,加重骨侵蚀和炎症反应^[65-66]。实验研究证明GSZT能将富集的肠道微生物分泌的外膜囊泡移位到关节中并激活小窝蛋白-1(Cav-1)-Nrf2轴,导致NETs形成的减少,从而缓解关节炎^[67]。分泌性白细胞蛋白酶抑制因子(SLPI)是一种多功能蛋白,在调节免疫反应和抑制蛋白酶的蛋白酶活性方面起重要作用^[68]。PAN等^[69]在CIA模型中评估GSZT的体内效应发现,其降低了CIA小鼠血清MMPs含量,减轻关节肿胀和骨损伤,其机制与抑制TNF- α 刺激的MH7A细胞中SLPI表达和PI3K/Akt/NF- κ B通路活性,控制炎症相关。

4.2 相关信号通路

4.2.1 JAK/STAT信号通路 JAK/STAT信号通路是诱导RA发病关键通路,研究发现外周多种炎症因子可与其受体结合而激活该通路,诱导相应靶基因表达,而导致滑膜及软骨发生炎症反应^[70]。药效实验研究发现GSZT通过降低磷酸化(p)-JAK2、p-STAT3蛋白表达,使Caspase-1活性、IL-1 β 、Bcl-2表达及NLRP3降低,并升高凋亡率及Bax表达,促进细胞自噬^[71]。李楠等^[72]以GSZT灌胃CIA小鼠,发现其血清MMP-1、MMP-3、MMP-9和MMP-13含量降低,关节病理破坏减轻,踝关节p-JAK2/JAK2和p-STAT3/STAT3的表达水平降低,表明其可调控JAK2/STAT3信号通路改善关节软骨破坏。

4.2.2 PI3K/Akt信号通路 该通路是调节细胞生长、增殖、代谢等生理活动的核心通路,研究发现激活PI3K/Akt会导致自噬水平降低促进RA-FLS持续增殖,诱发滑膜组织增生和软骨破坏,对RA病情进展起促进作用^[73-74]。徐经纬等^[75]发现GSZT能降低CIA模型大鼠膝关节滑膜组中PI3K、Akt、哺乳动物雷帕霉素靶蛋白(mTOR)蛋白表达,而微管相关蛋白1轻链3I、Beclin1蛋白表达升高,下调PI3K/Akt/mTOR

表1 各组分抗RA药效基础

Table 1 Basis of anti-RA efficacy of each component

药物	药物成分	作用机制	文献
桂枝	桂皮醛	阻断PI3K/Akt信号通路,降低RA-FLS中TNF- α 、IL-1 β 和IL-6的表达,抑制B细胞淋巴瘤-2(Bcl-2)蛋白,促进Bcl-2相关X蛋白(Bax)、胱天蛋白酶(Caspase)-3和Caspase-9蛋白水平促进RA-FLS凋亡,减轻炎症	[34]
	反式肉桂醛	抑制NF- κ B通路调节减少TNF- α 、IL-1 β 、IL-6、IL-23、IL-17的表达,减轻免疫炎症反应	[35]
白芍	芍药苷-6'-O-苯磺酸脂	抑制转录激活因子3(STAT3)活性,减少Th17细胞生成,达到抗炎、免疫调节作用	[36]
	白芍总苷	抑制TLR4/髓样分化因子88(MyD88)/NLRP3通路的活化,降低NLRP3、Caspase-1的水平,减少IL-18、IL-1 β 和气孔蛋白D的N端片段蛋白的含量,抑制细胞焦亡,以改善RA症状	[37]
附子	脂溶性生物碱	抑制NF- κ B和MAPKs通路的激活,通过线粒体细胞凋亡途径诱导HFLS细胞凋亡。降低TNF- α 、IL-6、基质金属蛋白酶(MMP)-1、MMP-3、COX-2和前列腺素E ₂ (PGE ₂)表达水平,控制炎症并防止骨破坏	[38]
	附子总生物碱	刺激线粒体凋亡通路促进细胞凋亡,将细胞周期停在G ₀ /G ₁ 期抑制细胞增殖,抑制NF- κ B和Janus激酶(JAK)/STAT通路,降低IL-1 β 、IL-6、MMP-1、MMP-3、PGE ₂ 、转化生长因子- β (TGF- β)和VEGF水平,改善RA症状	[39]
甘草	18 β -甘草次酸	抑制MAPK/NF- κ B信号通路,减少IL-6、IL-1 β 和COX-2表达,诱导细胞凋亡和G ₁ 细胞周期停滞,抑制细胞增殖,升高叉头转录因子O亚型3的mRNA水平,改善RA症状	[40]
	甘草苷	抑制RA-FLS的增殖,下调Bcl-2/Bax,改变线粒体膜电位加速细胞凋亡,抑制VEGF表达及c-Jun氨基末端激酶(JNK)和p38的磷酸化,阻断MAPK信号传导和抑制血管生成改善RA症状	[41]
	甘草查尔酮A	增强p62磷酸化、核因子E ₂ 相关因子2(Nrf2)积累,激活Keap1/Nrf2信号传导,抑制细胞增殖和阻滞细胞周期,诱导细胞凋亡,抑制炎症因子分泌并增加抗氧化酶的生产,改善RA炎症	[42]
防风	甘草酚	抑制诱导型硝酸氧化酶合酶、COX-2、p-I κ B的磷酸化和NF- κ B的活性,呈剂量依赖性抑制活化T细胞核因子(NFAT)和IL-2。降低血清中IL-1 β 、TNF- α 、IL-6、IL-17、MMPs和NO含量,调节免疫与炎症反应	[43]
	别欧前胡素	抑制PI3K/Akt信号通路、降低IL-1 β 、IL-6、IL-8、MMP-1和MMP-3以控制炎症防止骨破坏,诱导细胞凋亡	[29]
麻黄	防风石油醚提取物	抑制TNF- α 诱导的HFLS-RA细胞增殖,促进其凋亡,并通过环磷酸腺苷/蛋白激酶A/cAMP反应元件结合蛋白信号通路下调水通道蛋白1的表达,改善滑膜炎	[44]
	麻黄多糖	抑制NF- κ B信号通路,升高血清中L-酪氨酸、sn-甘油-3-磷酸胆碱、十八烷酸、N-油酰牛磺酸的水平,降低N-棕榈酰牛磺酸、IL-6、IL-1 β 水平和滑膜中TLR4、MyD88及肿瘤坏死因子受体相关因子6水平,调节RA炎肠道微生态和细菌代谢产物的抗炎免疫	[45]
生姜	麻黄乙醇提取物	降低PGE ₂ 、COX-2、IL-1 β 、IL-6、NF- κ B和TNF- α ,增加IL-4和IL-10表达,发挥抗氧化活性及抗炎作用缓解关节炎	[46]
	雪松醇	抑制MAPK和NF- κ B信号通路,降低中性粒细胞计数、TNF- α 和IL-1 β 的产生,下调NF- κ B受体活化因子配体(RANKL)、COX-1和COX-2的表达在mRNA水平,改善炎症浸润、骨损伤	[47]
	8-姜烯醇	抑制滑膜细胞中TGF- β 激活激酶1,NF- κ B抑制激酶 β 、Akt活性和MAPK通路,降低TNF- α 、IL-1 β 和IL-17水平抑制滑膜炎迁移和炎症,减少AA大鼠的爪子厚度改善行走性能并逆转关节结构的病理	[48]
	6-姜烯醇	抑制PI3K/Akt/NF- κ B信号通路,减少TNF- α 、IL-1 β 、IL-6、IL-8、MMP-2和MMP-9的产生,控制炎症,抑制细胞的增殖、迁移和侵袭并诱导细胞凋亡	[49]
	姜酮	降低NF- κ B、TGF- β 、TNF- α 、IL-1 β 、IL-6和CRP水平,提高IL-10调节炎症反应,恢复抗氧化酶水平抑制氧化应激	[50]
	姜辣素	抑制RANKL/OPG信号通路,降低IL-1 β 、IL-6、IL-4、IL-17A、 γ 干扰素(INF- γ)和TNF- α mRNA水平,抗炎、骨保护作用	[51]

表2 GSZT联合化学药治疗RA的临床应用

Table 2 Clinical application of GSZT combined with chemical drugs in treatment of RA

基础方药	联合药物	疗程	有效比	文献
白术、知母、白芍、防风各12g,桂枝、制附片各10g,生麻黄、炙甘草各6g,生姜3片	MTX	3月	23:12(65.71%)	[55]
白芍、白术、知母、防风、生姜、黄柏各15g,桂枝12g,制川乌、麻黄、炙甘草、附子各10g,独活9g		2月	37:3(92.5%)	[56]
炙甘草10g,白芍15g,知母、桂枝和炒白术各12g,防风、麻黄、生姜和制附子各10g		12周	58:5(92.07%)	[57]
附子30g,桂枝20g,芍药、黄柏、防风、白术、炙麻黄与生姜各15g,甘草6g		8周	37:3(92.5%)	[58]
甘草10g、白芍10~30g、生姜15g、白术15g、桂枝15g、知母10~15g、当归15g、防风15g、麻黄10g、附子15~60g		6月	77:3(96.3%)	[59]
生姜15g、白术15g、桂枝12g、麻黄12g、知母12g、防风12g、炮附子10g、白芍9g、甘草6g	来氟米特	3月	40:4(90.9%)	[60]
桂枝20g、白芍20g、麻黄12g、白术15g、炮附子12g、知母10g、防风15g、炙甘草20g、生姜15g		3月	31:2(93.94%)	[61]

信号轴,提高自噬活性降低炎症反应改善大鼠关节症状。

4.2.3 NF- κ B 信号通路 促炎因子刺激NF- κ B转录因子二聚体活化游离,通过核孔复合体进入到细胞核与特定的DNA位点结合,诱导靶点基因表达,而活化的NF- κ B能够诱导多种促炎性细胞因子的产生;反之促炎因子又正反馈调节NF- κ B的活化,形成恶性循环^[76]。丁明辉等^[77]发现经GSZT干预4周的大鼠关节肿胀程度明显减轻,血清内IL-1 β 、IL-17、TNF- α 水平及滑膜组织中环状GMP-AMP合成酶、干扰素基因刺激因子、NF- κ B p65蛋白表达降低,NF- κ B抑制因子 α 蛋白表达升高,其机制与抑制NF- κ B相关信号通路,降低炎症因子水平相关。WEI等^[78]发现GSZT能够抑制NF- κ B信号通路,降低TNF- α 、IL-1 β 、IL-6、IL-17A、IL-8和血清粒细胞-巨噬细胞集落刺激因子水平,控制炎症,降低CIA大鼠血清和滑膜组织中RANKL和OPG防止骨破坏。

4.3 增强免疫应答 Th17细胞是一种特殊类型的CD4⁺T辅助细胞,主要分泌IL-17等炎症因子,参与炎症反应和自身免疫性疾病的发生发展,而Treg细胞是一种免疫调节细胞,主要通过释放IL-10、TGF- β 等抑制性细胞因子来调节炎症细胞活化,维持免疫平衡和免疫耐受,二者平衡破坏能够诱发多种免疫疾病^[79-80]。李楠等^[81]由GSZT干预RA患者的血清发现,其显著抑制CD4⁺T细胞中Th17比例、上调Treg比例,同时降低CD4⁺T细胞IL-17、IL-21、IL-22 mRNA表达,而TGF- β 、IL-10表达显著升高,证明GSZT能调控Th17/Treg平衡,纠正RA免疫紊乱状态,改善患者症状。嵇辉等^[82]临床发现GSZT联合MTX治疗1月后患者血清中免疫球蛋白(Ig)A、IgG、IgM、RF水平改善优于单用MTX,提示桂枝芍药知母汤能改善RA患者免疫功能,提高疗效。

4.4 抑制细胞凋亡 细胞凋亡是细胞程序性死亡的一种形式,对于维持稳态至关重要,氧化应激,内质网应激、免疫失衡和炎症因子的分泌均可诱导细胞凋亡机制的发生,RA-FLS细胞凋亡是RA发病的重要机制^[83]。网络药理学分析GSDZ能通过增加p-JNK1/2的表达诱导细胞凋亡来控制炎症缓解RA的症状,而JNK是参与细胞凋亡MAPK通路的主要执行者^[84]。ZHANG等^[85]研究GSZT在CIA大鼠中的作用发现,其上调血清中Caspase-3、Caspase-9、Bax和细胞因子信号转导抑制因子-1的表达,下调Bcl-2表达,诱导滑膜成纤维细胞凋亡,并降低TNF- α 、IL-1 β 、IL-6和IL-17A表达水平,抑制滑膜成纤维细胞的侵袭和迁移,控制炎症改善RA症状。

4.5 抑制骨破坏 破骨细胞和成骨细胞处于平衡状态,当破骨细胞异常激活或成骨细胞生成受阻会导致骨吸收不足,从而导致RA等病理性骨质流失疾病^[86]。而MMP是胶原降解的重要靶点,与RA软骨破坏关系密切。YAO等^[87]研究发现GSZT增加破骨细胞前体的线粒体自噬,减少活性氧生成,抑制NF- κ B信号通路,降低抗酒石酸酸性磷酸酶、NFATC1、组织蛋白酶K和MMP9表达,使破骨细胞前体活化受限,减少破骨细胞生成,并调节大鼠血清和滑膜中RANKL和OPG含量,抑制骨破坏,改善骨质侵蚀和关节病理损伤。此外GSZT能抑制TNF- α 和IL-18的表达,调节

RANKL/OPG信号系统,干预破骨细胞活化及成熟和软骨细胞外基质的降解,从而阻止软骨细胞破坏改善关节症状^[88]。

5 小结与展望

近年来RA发病逐年增加,严重影响患者的生活质量。中医认为RA病机多因素体亏虚,风、寒、湿三邪侵袭,阻滞气机,寒、湿、热、瘀阻滞关节,致使关节僵硬疼痛,本质为本虚标实。GSZT温通经络、祛风散寒兼能清热,符合RA中医发病的病机特点。GSZT各组分有效成分,在改善RA症状,改善关节炎、防止骨破坏、抑制细胞凋亡与GSZT治疗RA具有协同效果。临床研究证明,GSZT联合多种方剂及中医外治法能够显著改善患者临床症状,减轻炎症反应。同时,基础研究发现GSZT能通过抑制JAK/STAT、PI3K/Akt和NF- κ B信号通路、抑制细胞凋亡、抗炎镇痛、增强免疫应答等多途径治疗RA。GSZT以其多靶点、多成分、多通路的特点,在治疗RA方面展现了更好的优势,弥补了化学药物引起多种不良反应及耐药性等问题。

综上所述GSZT可作为有效的治疗RA的用药作进一步探索,推广应用于临床。但目前研究仍有部分不足之处:①GSZT治疗RA的机制应进一步加强,其单个药物药效基础及质量控制体系研究尚有很多挖掘空间,GSZT全方治疗RA的药效物质基础及体内外化学成分分析也有待进一步完善。②在临床研究方面通过总结发现各试验及临床用药剂量有所不同,增加对GSZT疗效、不良反应及患者复发率的长期观察,加大安全性方面的研究以改善患者症状、提升患者生活质量为目标,努力做到高效率、低复发率。③由于临床研究缺乏大样本,致使样本数量较少,中医辨证分型较难,未来需要增大临床研究的量,并增加对于GSZT的组方原则及拆方思路的分析,必要时可应用网络药理学或网络毒理学等工具。

[利益冲突] 本文不存在任何利益冲突。

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