

中药复方治疗桥本甲状腺炎研究进展*

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摘要:中药复方治疗桥本甲状腺炎(hashimoto thyroiditis, HT)具有独特优势,主要作用机制为降低甲状腺自身抗体水平、调节Th1/Th2、Treg/Th17及其相关细胞因子平衡、抑制甲状腺细胞凋亡等。目前,针对HT的中医药相关数据挖掘研究已较为全面,可为临床方药选用提供参考,但尚未二次应用于临床,或可进行动物实验及临床观察与现有治疗方案进行疗效对比;缺乏中药复方相关网络药理学研究及实验验证,需进一步挖掘传统中药复方的新适应证;机制研究缺少新的角度,可结合病情分期从中医方-证-机制对应的角度开展研究;现有研究采用的中药复方多为自拟方,有待开展经典方剂的应用研究。此外,采用单纯中医治疗HT、建立一套可推广的诊疗模式、研发有效的中药制剂或可作为今后的研究方向。

关键词:桥本甲状腺炎;中药复方;研究进展;数据挖掘;网络药理学

DOI:10.16368/j.issn.1674-8999.2023.10.329

中图分类号:R259 文献标志码:A 文章编号:1674-8999(2023)10-2050-08

Research Progress in Treatment of Hashimoto's Thyroiditis with Traditional Chinese Medicine Compound Formula

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Abstract: Traditional Chinese medicine compound Formula have unique advantages in treatment of Hashimoto's thyroiditis (HT), and the main mechanism is to reduce the level of thyroid autoantibody, regulate Th1/Th2 Treg/Th17 and its related cytokines balance, preventing thyroid cell apoptosis, etc. At present, research on traditional Chinese medicine related data mining for HT has been relatively comprehensive and can provide reference for clinical prescription selection. However, it has not yet been applied in clinical practice, or animal experiments and clinical observations can be conducted to compare the efficacy with existing treatment plans. There is a lack of network pharmacology research and experimental validation related to traditional Chinese medicine prescriptions, further exploration of new indications for traditional Chinese medicine prescriptions is needed. There is also a lack of new perspectives in mechanism research, which can be carried out from the perspective of disease staging or corresponding TCM formulas, syndromes, and mechanisms. The traditional Chinese medicine compound formula used in existing research are mostly self formulated formula, and research on the application of classic formula is needed. In addition, using pure traditional Chinese medicine to treat HT, establishing a applicable diagnosis and treatment model and developing effective traditional Chinese medicine formulations may serve as future research directions.

Key words: Hashimoto's thyroiditis; traditional Chinese medicine compound formula; research progress; data mining; network pharmacology

桥本甲状腺炎(hashimoto thyroiditis, HT)又称

慢性淋巴细胞性甲状腺炎,是自身免疫性甲状腺炎的经典类型。患者临床表现为甲状腺显著肿大、血清中甲状腺过氧化物酶抗体(thyroid peroxidase antibody, TPOAb)和甲状腺球蛋白抗体(thyroglobulin

* 基金项目:河南省科技攻关计划项目(222102310684);河南省高等学校重点科研项目(22A360006)

antibody, TgAb) 明显升高, 病理上以正常的甲状腺滤泡结构被广泛浸润的淋巴细胞、浆细胞及其淋巴生发中心代替为特点^[1-2], 病因可能与遗传因素、高碘饮食、环境因素等相关。目前, HT 的治疗主要采取激素疗法、免疫疗法、生活方式的干预、手术治疗等方式以缓解症状, 疗效肯定, 但存在局限性与较多的不良反应。中药复方在降低自身抗体滴度、改善临床症状、减少不良反应上有着独特的优势, 更能延缓病情进展。现总结中药复方治疗桥本甲状腺炎的数据挖掘、网络药理学、作用机制研究和临床研究情况, 以推广中药复方治疗桥本甲状腺炎的应用。

1 数据挖掘

目前, 针对 HT 的中医药相关数据挖掘研究已较为全面, 可为临床方药选用提供参考。司富春等^[3]通过对中国知网等 5 个数据库相关文献进行数据分析, 发现 HT 的病机要素以实证为主, 频次从高到低分别为痰凝、气滞、阳虚、血瘀等, 患者多属脾肾阳虚、痰瘀互结、肝郁脾虚、痰气郁结等证, 与瘰病病机一致; 柴胡疏肝散、逍遥散、二陈汤、生脉散、阳和汤等方剂为常用成方, 黄芪、当归、浙贝母、陈皮、玄参、夏枯草、茯苓、淫羊藿等中药为高频用药。对 HT 甲功正常、甲减或合并甲状腺结节患者的用药规律研究发现, 甲功正常患者以补虚、清热类中药为主, 其中寒性药构成比高于温性药; 甲减患者用药模式常见茯苓 - 白术、茯苓 - 当归、夏枯草 - 黄芪 - 甘草, 温性药使用频率远高于寒性药; 合并甲状腺结节患者用药以猫爪草、郁金、半夏、穿山龙、橘核、鬼箭羽、山慈菇等散结、活血、消肿类中药为主, 并运用复杂网络分析组成具有清热解郁、活血散结功效的治疗新方: 柴胡、夏枯草、郁金、猫爪草、黄芩、当归、半夏、陈皮、茯苓、白术、白芍、穿山龙, 同时发现一年内中药累计日剂量(cumulative defined daily doses, cD-DD) 与 HT 甲状腺结节的发生成反比, 小于 28cDDD 与大于 180cDDD 剂量组的甲状腺结节发生率分别为 49.4% 与 28.9%, 具有明显的剂量 - 反应关系^[4-7]。

2 网络药理学

近年来, 网络药理学在中药机制的研究上应用广泛, 有效弥补了既往中药研究中单靶点、低选择性的缺陷^[8]。研究表明, 四逆散治疗 HT 的核心靶点主要有 STAT3、TNF、AKT1、TP53、JUN 等, 较重要的通路有 AGE - RAGE 信号通路、肿瘤相关通路、TNF

信号通路等, 四逆散的主要活性成分槲皮素可能通过槲皮素 - AKT1 的相互作用在治疗 HT 的过程中发挥主要作用^[9]。加味逍遥散(当归、茯苓、白芍、白术、柴胡、半夏、厚朴、苏叶)可能通过下调肿瘤坏死因子 - α (tumor necrosis factor - α , TNF - α)、肿瘤坏死因子 - β (tumor necrosis factor - β , TNF - β) 及促炎因子白细胞介素 - 6 (interleukin - 6, IL - 6), 调整 T 辅助细胞 1 (helper T cells 1, Th1)/T 辅助细胞 2 (helper T cells 2, Th2) 平衡, 从而相应下调缺氧诱导因子 - 1 α (hypoxia inducible factor, HIF - 1 α)/血管内皮生长因子 A (vascular endothelial growth factor A, VEGFA), 通过 VEGF 信号通路参与调控甲状腺组织中血管新生的生理病理过程, 达到治疗气滞痰阻型 HT 的目的^[10]。通过数据挖掘及复杂网络系统选取的核心组方(夏枯草、黄芪、茯苓、白术、柴胡)可能通过其主要化合物槲皮素、山柰酚、常春藤素、异鼠李素、 β - 谷甾醇等介导 TNF、HIF - 1 及 VEGF 等信号通路发挥抗 HT 的作用^[11]。

总体上看, 针对 HT 的中药复方网络药理学研究及相关实验验证较为匮乏, 仍需挖掘传统中药复方的新适应证。

3 中药复方治疗 HT 的作用机制

3.1 降低甲状腺自身抗体水平 TPOAb 及 TgAb 主要通过抗体依赖细胞介导的细胞毒性作用和补体依赖的细胞毒性作用破坏甲状腺细胞^[12-14]。中药复方具有良好的降低甲状腺自身抗体的作用, 武佳琦^[15]将软坚消癭汤(柴胡、当归、白芍、茯苓、白术、香附、浙贝母、半夏、夏枯草、桔梗、海藻、昆布等)作用于实验性自身免疫性甲状腺炎(experimental autoimmune thyroiditis, EAT) 大鼠 56 d 后, 发现大鼠 TgAb 与 TPOAb 水平显著下降, 并有效减轻了淋巴细胞浸润甲状腺组织, 抑制甲状腺功能减退, 起到了治疗 EAT 的作用, 同期实验的金匱肾气丸组与之疗效相似。再如, 补中益气颗粒^[16]和益气养阴疏肝合剂^[17](黄芪、白芍、墨旱莲、鬼箭羽、郁金、玄参等)、乃东黄芪汤^[18](夏枯草、北沙参、黄芪、桔梗、山药、茯苓、枸杞、薏苡仁、枳壳、川贝、当归、白芍)、芪芍颗粒^[19](黄芪、白芍、墨旱莲、鬼箭羽、郁金、玄参)等自拟方均可使 EAT 小鼠或大鼠的 TPOAb 和 TgAb 水平明显下降。

3.2 调节 Th1/Th2 及相关细胞因子平衡 Th1/Th2 细胞失衡与 HT 等多种自身免疫疾病相关^[20-21]。临床发现, HT 患者甲状腺组织内以 Th1

型细胞浸润及其相关细胞因子表达为主^[22]。Th1分泌的干扰素- γ (interferon- γ , IFN- γ)、IL-2增强了淋巴细胞浸润,从而破坏甲状腺滤泡, Th2可分泌IL-4、IL-10等细胞因子拮抗Th1的功能,抑制Th1细胞的活化与增殖^[23]。IL-10亦随着HT患者病情的发展而减少^[24]。研究表明, 甲炎康泰颗粒(黄芪、柴胡、浙贝母、穿山龙、玄参、山慈菇、郁金、夏枯草、乌梅)可以明显降低EAT大鼠TNF- α 、IFN- γ 、IL-1 α 、IL-4和IL-5的表达水平,抑制Th细胞向Th1型的偏移,并避免因拮抗Th1相关细胞因子而产生的Th2细胞因子过度表达,从而调节Th1/Th2的细胞失衡^[24]。芪芍颗粒^[25]和芪龙散结方^[26](黄芪、人参、三棱、莪术、薏苡仁、女贞子、制何首乌、甘草等)均可降低EAT小鼠或大鼠TNF- α 水平并升高IL-10表达水平,促进Th1/Th2恢复平衡状态,达到治疗HT的效果。香远合剂^[27](香附、远志、景天三七、鳖甲、玄参、郁金、生牡蛎、黄芪等)则可降低TNF- α 水平,抑制Th1过度表达。

3.3 调节Th17/Treg及相关细胞因子平衡 临床研究发现, HT患者血清较正常组Th17水平显著升高,调节性T细胞(regulatory T cells, Treg)水平显著降低,存在Th17/Treg细胞失衡^[28]。Th17细胞主要分泌IL-17、IL-23等促炎因子,增强机体炎症反应^[29-30],特别是大量的IL-17在HT早期的炎症进展中起到了重要作用^[31-32];Treg可通过直接接触抑制靶细胞活化,或分泌转化生长因子(transforming growth factor- β , TGF- β)、IL-10、IL-35等细胞因子抑制T细胞的活化,起到免疫抑制作用^[14]。柴胡软坚消癭颗粒^[33](当归、茯苓、白芍、白术、柴胡、太子参、陈皮、佛手、香橼、清半夏、熟地黄、酒萸肉、山药)作用于肝郁脾虚型HT大鼠,结果显示大鼠IL-17水平降低,IL-10水平升高, Th17特异性标志物ROR γ t表达显著降低,且Foxp3蛋白表达增强,促进了Treg分化,从而调节Th17/Treg细胞平衡,起到治疗HT的作用。补中益气颗粒在上述作用外还可显著增加TGF- β 基因表达,高浓度的TGF- β 抑制了Th17的分化并促进Treg生成^[34]。软坚消癭颗粒(海藻、昆布、当归、白术、茯苓、白芍、柴胡等)、益气解毒消癭方^[36](穿山龙、金银花、夏枯草、连翘、全蝎、生黄芪、炒白术、黄精、柴胡、炙甘草)都可通过类同的作用调节Th17/Treg平衡^[35]。

3.4 阻止甲状腺细胞凋亡 HT甲状腺滤泡破坏的直接原因是甲状腺细胞凋亡^[14],甲状腺细胞凋亡主要与Fas/Fas-L、Caspase激活、Bax/Bcl-2失衡相

关^[37-40]。软坚消癭颗粒可以降低EAT大鼠低甲状腺细胞促凋亡蛋白Fas/FasL和Bax的表达,同时增加抗凋亡蛋白Bcl-2,并能通过抑制转导凋亡信号通路TLRs/MyD88/NF- κ B,减少肝郁脾虚型EAT大鼠甲状腺细胞凋亡,从而减轻甲状腺组织滤泡细胞的破坏^[41-42]。甲炎康泰^[24]和消癭合剂^[43](夏枯草、浙贝母、泽漆、海浮石、白芥子、土茯苓、玄参、制香附、党参、北沙参、黄芪、白芍)还可降低Caspase-3的表达,减轻其对Bcl-2的抑制^[44]。

4 临床研究

4.1 现代中医治疗HT方药经验 临床医家的经验总结及方药规律研究利于各家学术思想与用药经验的传承。现代中医多认为HT病起于肝,涉及脾肾,气滞、痰凝、血瘀为病机要素,本虚标实,常根据HT患者甲状腺功能情况分为甲状腺功能正常期、甲亢期与甲减期,多以经典方剂柴胡疏肝散、逍遥散、丹栀逍遥散、龙胆泻肝汤、二陈汤、肾气丸、阳和汤为基础加减用药^[45-51]。上海市名中医唐汉钧在治疗上以疏肝理气化痰软坚为主,兼顾脾胃,基础组合常以柴胡、郁金、苏梗、八月札、绿萼梅等理气疏肝;以黄芪、党参、白术、茯苓、红枣、甘草等健脾;以山茱萸、淫羊藿、黄精等补肾扶正,调和阴阳^[52]。唐红教授以理气消癭汤(黄芪、白芥子、夏枯草、牛蒡子、莪术、白术、香附)治疗HT初期肝郁脾虚湿聚而成痰气互结之证,认为本病后期气血阴阳俱虚,不可多用破气散结之药损伤正气,自拟健脾消癭汤(黄芪、党参、白术、茯苓、灵芝、夏枯草、香附、淫羊藿、炙甘草),临床疗效良好^[53]。江苏省名中医许芝银认为, HT后期性属虚寒的有形与无形之痰瘀阻塞经络,抑遏阳气,在阳和汤的基础上创制针对脾肾阳虚型的扶正消癭汤(麻黄、鹿角片、熟地黄、制附片、肉桂、防己、丹参、夏枯草、党参、黄芪、桃仁、红花、牡丹皮、赤芍、甘草),临床疗效显著^[54-55]。山东省名中医专家徐云生在对HT这一虚损性疾病的长期治疗中,在以上常规基础方药中加入桂枝、菟丝子、鹿角胶、龟板胶等药物制成膏方以便患者日常调治,达到滋补疗疾的作用^[56]。

4.2 临床分期治疗 临床相关研究多同上述分期开展,但由于本病起病隐匿,出现明显症状时多为甲减期,故以甲减期临床研究多见。在治疗HT甲功正常时多采用疏肝健脾理气之法,如应用疏肝健脾化痰方^[57](柴胡、白芍、茯苓、青皮、橘核等)、疏肝健脾养血汤^[58](柴胡、黄芩、太子参、炒白芍、干姜、半

夏、鬼箭羽、川芎、熟地黄、当归、夏枯草、甘草)、调气清解方^[59](柴胡、白芍、当归、黄芪、生地黄、夏枯草、黄芩、连翘、土茯苓、青风藤、炙甘草)等治疗肝郁脾虚证或郁证患者,治疗后,患者 TGA b、TPOAb 水平降低,甲功稳定,相应细胞因子和临床症状明显改善,有效率明显高于正常组。同样,针对甲亢期常用的养阴清热化痰系类方癭瘤合剂^[60](黄芪、麦冬、玄参、知母、浙贝母、白芥子、夏枯草、连翘、菝葜、牡蛎、急性子)、当归六黄汤^[61](白花蛇舌草、黄芩、黄柏、生地黄、浙贝母、夏枯草等)、清癭化痰汤^[62](夏枯草、牡蛎、浙贝母、青蒿、鳖甲、知母、生地黄、牡丹皮)等,针对甲减期常用的温补系类方柴胡桂枝干姜汤合二仙汤^[63]、金匮肾气丸^[64]、大补元煎^[65]等多是观察患者自身抗体、甲状腺功能、证候的改善情况,结果均优于对照组且类同,证明中药治疗 HT 的有效性与独特优势,并提高了临床行之有效方剂的丰度,但缺少采用经方为主(甲减期除外)进行治疗的临床研究及新的观察角度。其他如活血散结类方小金丹,可有效改善 HT(伴甲状腺结节)甲状腺彩超形态和甲状腺实质弹性,缩小甲状腺结节^[66-67]。

5 讨论

综上,通过梳理近 5 年相关文献发现,研究人员及医家从多个视角研究了中药复方治疗 HT 的作用,为中药复方治疗 HT 的独特优势提供了证据,一定程度上推广了中药复方治疗 HT 的临床应用。但现有研究仍有一些不足之处,如数据挖掘结果虽较为全面,但未二次应用于临床,或可加强动物实验和临床观察,与现有中药治疗方案进行疗效对比;对方药的网络药理学研究较少且缺乏实验证据;机制研究集中在降低自身抗体水平、调节 Th1/Th2 和 Treg/Th17 及其相关细胞因子平衡、阻止细胞凋亡等途径上,缺乏新的研究角度,可结合病情分期或从中医方-证-机制对应的角度开展研究,有创新探索价值;在医家经验传承方面,可在中医辨证论治的基础上,进一步精准总结名家特色思想与经验,在共性的基础上求特性;在临床的分期治疗中,甲减期的临床研究居多,这是该病病程特点使然,早期治疗确实起到了延缓病期和提高患者生活质量的作用,但早期治疗是否对减少恶变、提高长期疗效有帮助值得长期临床随访观察,重视早期诊治是中医既病防变的治未病理念的应用;在现有报道中,不论临床或实验研究,所采用的中药复方大多是自拟方,经典方剂的应用研究值得开展;此外,现有研究主要是中西医结

合治疗,采用纯中医药治疗 HT、建立一套可推广的诊疗模式、研发有效的中药制剂虽道路漫长但大有发展空间。

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收稿日期: 2023 - 05 - 12

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