

· 论 著 ·

獐牙菜苦苷对 PC12 细胞氧糖剥夺再灌注损伤的保护作用及机制

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摘要:目的 探讨獐牙菜苦苷(Swe)对PC12细胞氧糖剥夺再灌注(OGD/R)损伤的保护作用及其机制。方法 ①将PC12细胞放入恒温缺氧箱内(缺氧缺糖)4 h,再置CO₂培养箱正常培养(再灌注)24 h构建PC12细胞OGD/R模型。再灌注同时分别给予溶剂(OGD/R模型组)、Swe 0.1, 1.0和10.0 μmol·L⁻¹(Swe组)或阳性对照药尼莫地平12 μmol·L⁻¹(尼莫地平组)。MTT法检测细胞存活率;试剂盒检测乳酸脱氢酶(LDH)漏出率;DCFH-DA荧光探针检测PC12细胞内活性氧(ROS)含量;比色法测定超氧化物歧化酶(SOD)、过氧化氢酶(CAT)和谷胱甘肽过氧化物酶(GSH-Px)活性及丙二醛(MDA)含量;Fluo-3 AM荧光探针测定PC12细胞内Ca²⁺浓度,JC-1探针检测线粒体膜电位(MMP)水平。②构建PC12细胞OGD/R模型,再灌注同时分别给予溶剂(OGD/R模型组)、Swe 10 μmol·L⁻¹(Swe组)或尼莫地平12 μmol·L⁻¹(尼莫地平组),流式细胞术检测细胞凋亡;Western印迹法检测凋亡相关蛋白Bcl-2和Bax蛋白表达及胱天蛋白酶3活化水平。结果 ①与细胞对照组相比,OGD/R模型组细胞存活率显著降低,LDH漏出率显著增加,Ca²⁺浓度显著升高,MMP水平显著降低,ROS和MDA含量显著增加,SOD,CAT和GSH-Px活性显著降低,细胞凋亡率显著升高,Bcl-2/Bax比值显著降低,胱天蛋白酶3活化水平显著增加(均P<0.01)。与OGD/R模型组相比,Swe 0.1 μmol·L⁻¹组细胞SOD和CAT活性显著增强,胞内Ca²⁺浓度及ROS和MDA含量显著降低(P<0.05);Swe 1和10 μmol·L⁻¹组及尼莫地平组细胞存活率显著增加,LDH漏出率显著降低,Ca²⁺浓度显著降低,MMP水平显著升高,ROS和MDA含量显著降低,SOD,CAT和GSH-Px活性显著增强(P<0.05,P<0.01)。②与OGD/R模型组相比,Swe 10 μmol·L⁻¹组和尼莫地平组细胞凋亡率显著降低(P<0.01);Swe 10 μmol·L⁻¹组Bcl-2/Bax比值显著增加,胱天蛋白酶3活化水平显著降低(P<0.01)。结论 Swe对PC12细胞OGD/R损伤具有保护作用,其作用机制与抗氧化应激损伤和细胞凋亡有关。

关键词:獐牙菜苦苷; PC12细胞; 氧糖剥夺再灌注; 神经保护; 氧化应激

中图分类号:R285, R743

文献标志码:A

文章编号:1000-3002-(2022)02-0090-08

DOI:10.3867/j.issn.1000-3002.2022.02.002

脑卒中具有高死亡率和高致残率的特点^[1-2],严重威胁人类健康,其中约87%属于缺血性脑卒中,又称脑缺血,是指由于各种原因引起的脑供血不足,缺血缺氧导致脑组织的软化和坏死^[3-4]。对于缺血性脑卒中的治疗,目前临床所用药物主要为组织纤溶酶原激活剂(tissue plasminogen activator,tPA)等溶栓药物,然而由于其适应证和治疗时间窗窄,仅有2%~5%脑卒中患者能接受tPA治疗,其中

50%能达到再灌注;此外,使用tPA治疗恢复血液供应后,其脑功能不但没有恢复,反而加重了脑损伤,称为脑缺血再灌注损伤(cerebral ischemic/reperfusion injury,CIRI),限制了tPA等溶栓药物在临床上的使用。因此,进一步寻找疗效好、毒性低的抗缺血性脑损伤的神经保护药物,仍是目前亟待解决的重大问题。

CIRI的机制复杂,大量研究证实,氧化应激在其发病机制中有重要作用,再灌注时,活性氧(reactive oxygen species,ROS)水平急剧增加,引起线粒体损伤、钙超载、线粒体膜电位水平发生改变、能量代谢障碍和神经元凋亡^[5-6]。因此,可以通过抑制氧化应激,从而减少CIRI^[7]。獐牙菜苦苷(swertiamarin,

基金项目:宁夏回族自治区重点研发计划项目(2017BY079);宁夏医科大学优势学科群项目(XY201804)

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Swe)是从中药秦艽(*Gentiana macrophylla*, Pall)中提取的主要活性成分之一。秦艽有多种药理作用,包括抗炎、镇痛、抗肿瘤及保护肝和心脑血管^[8-9]。有研究表明,秦艽的水煎液对家兔全脑缺血损伤模型有一定的保护作用^[10]。*Swe*具有抗炎、抗氧化和镇静等药理活性^[11]。本课题组前期研究发现,*Swe*对CIRI的ICR小鼠具有神经保护作用,该作用与激活核转录因子红系2相关因子2(nuclear factor erythroid 2-related factor 2, Nrf2),减少氧化应激损伤有关^[12];但对PC12细胞氧糖剥夺再灌注(oxygen-glucose deprivation/reperfusion, OGD/R)损伤是否具有保护作用未见报道。因此,本研究通过建立PC12细胞OGD/R损伤模型,探讨*Swe*的神经保护作用。

1 材料与方法

1.1 PC12细胞和细胞培养

PC12细胞由中国科学院昆明动物研究所提供。将PC12细胞用含10%胎牛血清的1640培养基置含5%CO₂的37℃恒温培养箱中培养。

1.2 药品、试剂和主要仪器

Swe(纯度>99%),北京中科质检生物技术有限公司;MTT、Fluo-3 AM荧光探针钙离子浓度检测试剂盒和JC-1荧光探针线粒体膜电位检测试剂盒,上海碧云天生物技术公司;胎牛血清和胰蛋白酶,美国Gibco公司;尼莫地平(nimodipine)注射液,德国Bayer公司;Earle's平衡盐溶液(Earle's balanced salt solution, EBSS),北京博奥拓达科技有限公司;Annexin V-FITC细胞凋亡检测试剂盒,瑞士Roche公司;乳酸脱氢酶(lactate dehydrogenase, LDH)检测试剂盒、超氧化物歧化酶(superoxide dismutase, SOD)检测试剂盒、过氧化氢酶(catalase, CAT)检测试剂盒、谷胱甘肽过氧化物酶(glutathione peroxidase, GSH-Px)检测试剂盒、丙二醛(malondialdehyde, MDA)检测试剂盒和活性氧(reactive oxygen species, ROS)检测试剂盒,南京建成生物工程研究所;兔抗大鼠Bcl-2、Bax、胱天蛋白酶3和活化胱天蛋白酶3多克隆抗体及辣根过氧化物酶标记的山羊抗兔IgG二抗,英国Abcam公司。细胞培养箱(HF160W),力康生物医疗科技股份有限公司;酶标仪(Model 550),美国Bio-Rad生命医学产品有限公司;倒置显微镜(BH-NIC-B),日本奥林巴斯光学有限公司;激光共聚焦显微镜(TCS-SP),德国莱卡显微系统有限公司。

1.3 PC12细胞OGD/R模型构建和分组给药

将PC12细胞从培养箱取出,弃掉培养液,用EBSS轻轻洗3遍,加入适量的EBSS,置37℃恒温缺氧箱(95%N₂和5%CO₂)内缺氧4 h(缺氧缺糖)。缺氧结束后轻轻取出培养皿,弃EBSS,换成常规1640培养液进行培养,在37℃CO₂培养箱中培养24 h(再灌注)。

实验分为细胞对照组、OGD/R模型组、尼莫地平(阳性对照药)组和*Swe*(0.1, 1.0和10.0 μmol·L⁻¹)组。除细胞对照组外,其余各组均进行OGD/R处理,模型组氧糖剥夺4 h后,换成常规培养基继续培养24 h,尼莫地平组再灌注的同时加尼莫地平12 μmol·L⁻¹,*Swe*组再灌注的同时分别加*Swe* 0.1, 1.0和10.0 μmol·L⁻¹,细胞对照组换成同体积培养基。

1.4 MTT法检测PC12细胞存活率

将PC12细胞接种在96孔板中,每孔6×10³细胞,细胞OGD/R模型构建和分组给药同1.3,每孔加入20 μL MTT(5 g·L⁻¹),在培养箱中孵育4 h,轻轻吸掉上清,加入DMSO溶液150 μL,震荡10 min后,用酶标仪在波长490 nm条件下测定各组吸光度值(A_{490 nm})。

1.5 比色法检测PC12细胞LDH漏出率

细胞OGD/R模型构建和分组给药同1.3,将PC12细胞从培养箱中取出,收集各组细胞培养液,PBS轻轻冲洗细胞3次,然后用胰酶消化收集细胞,超声破碎细胞15 s,重复3次得细胞匀浆,根据LDH检测试剂盒说明书操作流程,用酶标仪在440 nm波长下分别检测培养液和细胞匀浆的吸光度值(A_{440 nm})。LDH漏出率(%)=培养液A_{440 nm}/(培养液A_{440 nm}+细胞匀浆A_{440 nm})×100%。

1.6 Fluo-3 AM荧光探针法检测PC12细胞内Ca²⁺浓度

将细胞接种在激光共聚焦专用培养皿中,细胞OGD/R模型构建和分组给药同1.3。PC12细胞从培养箱中取出,用PBS洗3遍,每次5 min,按照试剂盒说明书操作,加入Fluo-3 AM工作液孵育30 min,用PBS洗3遍,用激光共聚焦显微镜在激发波长488 nm,发射波长527 nm条件下观察并采集图像,用Olympus FV10-ASW4.1 Viewer和Image J分析荧光强度,以荧光强度反映细胞内Ca²⁺浓度。

1.7 JC-1荧光探针法检测PC12细胞线粒体膜电位

将PC12细胞接种在共聚焦皿中,细胞OGD/R模型构建和分组给药同1.3。弃培养基,加入根据试剂盒说明书提前配制好的JC-1染色工作液,在培养箱中染色25 min,之后用JC-1染色缓冲液洗

3遍,加入2 mL 1640培养基在显微镜下观察并采集图像。线粒体膜电位(mitochondrial membrane potential, MMP)较高时,JC-1在线粒体中形成聚合物,产生红色荧光;MMP较低时,JC-1为单体,产生绿色荧光^[13]。通过计算各组红、绿荧光强度比值反映PC12细胞MMP。

1.8 比色法检测 SOD、CAT 和 GSH-Px 的活性及 ROS 和 MDA 的含量

将细胞种植在35 mm培养皿中,细胞OGD/R模型构建和分组给药同1.3。弃掉培养液,细胞用PBS洗1遍。按照试剂盒说明书操作,用荧光分光光度计检测SOD、CAT和GSH-Px的活性及ROS和MDA含量。

1.9 流式细胞术检测细胞凋亡

将PC12细胞接种在培养皿中,实验分为细胞对照组、OGD/R模型组、尼莫地平(阳性对照药)组和Swe(10 μmol·L⁻¹)组。细胞OGD/R模型构建和给药方法同1.3。按照Annexin V-FITC凋亡检测试剂盒说明书进行操作,收集PC12细胞用冷的PBS洗3遍,用400 μL结合液重悬细胞,加入Annexin V-FITC在4℃条件下孵育15 min,最后加入反应混合液孵育5 min,用流式细胞仪检测分析细胞凋亡率。

1.10 Western印迹法检测 Bcl-2 和 Bax 蛋白表达及胱天蛋白酶3活化水平

将PC12细胞接种在60 mm的培养皿中,实验分为细胞对照组、OGD/R模型组和Swe(10 μmol·L⁻¹)组。细胞OGD/R模型构建和给药方法同1.3。按全蛋白提取试剂盒说明操作,裂解细胞,用BCA蛋白检测试剂盒检测细胞总蛋白含量,通过10% SDS-PAGE电泳分离蛋白并转印到PVDF膜上,用5%脱脂奶粉孵育封闭2 h后加入一抗(Bcl-2、Bax、胱天蛋白酶3和活化的胱天蛋白酶3抗体分别以1:1000, 1:1000, 1:800和1:500稀释),4℃孵育过夜;加入二抗(1:2000稀释)室温孵育2 h,ECL显色后曝光检测蛋白条带印迹。利用Image J软件测定蛋白条带积分吸光度值,用目标蛋白与内参蛋白条带积分吸光度值的比值表示目标蛋白的相对表达水平。用活化蛋白与总蛋白条带积分吸光度值的比值表示蛋白活化水平。

1.11 统计学分析

实验结果数据用 $\bar{x}\pm s$ 表示,用SPSS21.0软件进行统计和分析,多组间比较采用单因素方差分析(one-way ANOVA),两组间比较采用t检验, $P<0.05$ 为差异具有统计学意义。

2 结果

2.1 Swe 对 OGD/R 损伤的 PC12 细胞存活率的影响

MTT实验结果(图1)显示,与细胞对照组[(98.3±1.6)%]比较,OGD/R模型组细胞存活率显著降低至(46±4)%($P<0.01$);Swe 1和10 μmol·L⁻¹组细胞存活率分别为(58±3)%和(65.5±1.6)%;尼莫地平组为(67.7±2.6)%;与模型组比较,均显著升高($P<0.05$, $P<0.01$)。

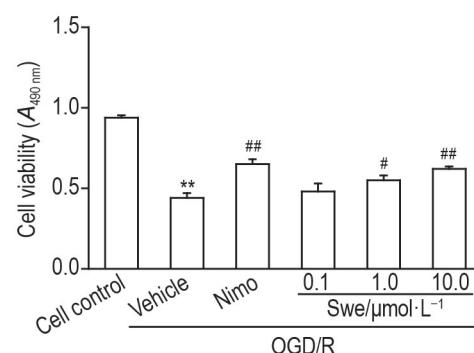


Fig. 1 Effect of swertiamarin (Swe) on viability of PC12 cells injured by oxygen-glucose deprivation/reperfusion (OGD/R) detected by MTT assay. PC12 cells were cultured in glucose-free Earle's balanced salt solution (EBSS) and placed in oxygen-deprived incubator for 4 h at 37℃, then the EBSS was replaced with regular medium and placed back into an incubator under normal conditions to undergo reperfusion for 24 h. PC12 cells were treated with vehicle (OGD/R model group), Swe 0.1, 1, and 10 μmol·L⁻¹ or nimodipine (Nimo) 12 μmol·L⁻¹ for 24 h in the entire process of reperfusion. $\bar{x}\pm s$, n=6. ** $P<0.01$, compared with cell control group; # $P<0.05$, ## $P<0.01$, compared with OGD/R model group.

2.2 Swe 对 OGD/R 损伤的 PC12 细胞 LDH 漏出率的影响

LDH漏出率检测结果(图2)显示,与细胞对照组[(5.5±1.1)%]比较,OGD/R模型组LDH漏出率增加至(19.4±1.2)%($P<0.01$);与模型组比较,Swe 1和10 μmol·L⁻¹组和尼莫地平组LDH漏出率明显降低($P<0.05$, $P<0.01$)。

2.3 Swe 对 OGD/R 损伤的 PC12 细胞内 Ca²⁺ 浓度的影响

图3结果显示,与细胞对照组比较,OGD/R模型组绿色荧光强度显著增强($P<0.01$),提示细胞内Ca²⁺浓度升高;与OGD/R模型组比较,Swe 0.1, 1和10 μmol·L⁻¹组和尼莫地平组绿色荧光强度减弱,提示Ca²⁺浓度均显著降低($P<0.05$, $P<0.01$)。

2.4 Swe 对 OGD/R 损伤的 PC12 细胞 MMP 的影响

MMP检测结果(图4)显示,与细胞对照组比

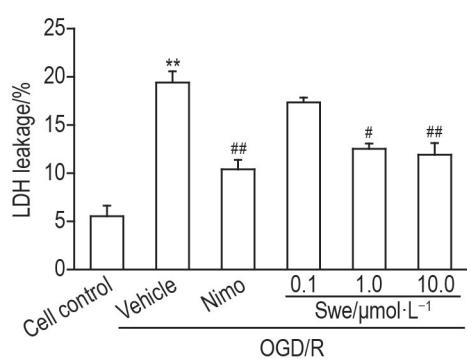


Fig.2 Effect of Swe on lactate dehydrogenase (LDH) leakage of PC12 cells injured by OGD/R. See Fig. 1 for the cell treatment. LDH leakage(%)= $A_{440\text{ nm supernatant}}/A_{440\text{ nm supernatant}}+A_{440\text{ nm intracellular}}\times 100\%$. $\bar{x}\pm s$, $n=6$. ** $P<0.01$, compared with cell control group; # $P<0.05$, ## $P<0.01$, compared with OGD/R model group.

较, OGD/R 模型组红/绿荧光比值显著降低 ($P<0.01$) ;与 OGD/R 模型组比较, Swe 1 和 $10 \mu\text{mol}\cdot\text{L}^{-1}$ 组和尼莫地平组红/绿荧光比值显著升高 ($P<0.05$, $P<0.01$)。

2.5 Swe 对 OGD/R 损伤的 PC12 细胞氧化应激水平的影响

PC12 细胞氧化应激水平检测结果(图 5)显示,与细胞对照组比较,OGD/R 模型组 PC12 细胞 ROS 和 MDA 水平显著升高 ($P<0.01$), SOD, CAT 和 GSH-Px 的活性显著降低 ($P<0.01$);与 OGD/R 模型组比较,Swe 0.1, 1 和 $10 \mu\text{mol}\cdot\text{L}^{-1}$ 组及尼莫地平组细胞 ROS 和 MDA 水平显著降低 ($P<0.05$, $P<0.01$), SOD, CAT 和 GSH-Px 的活性显著升高 ($P<0.05$, $P<0.01$)。

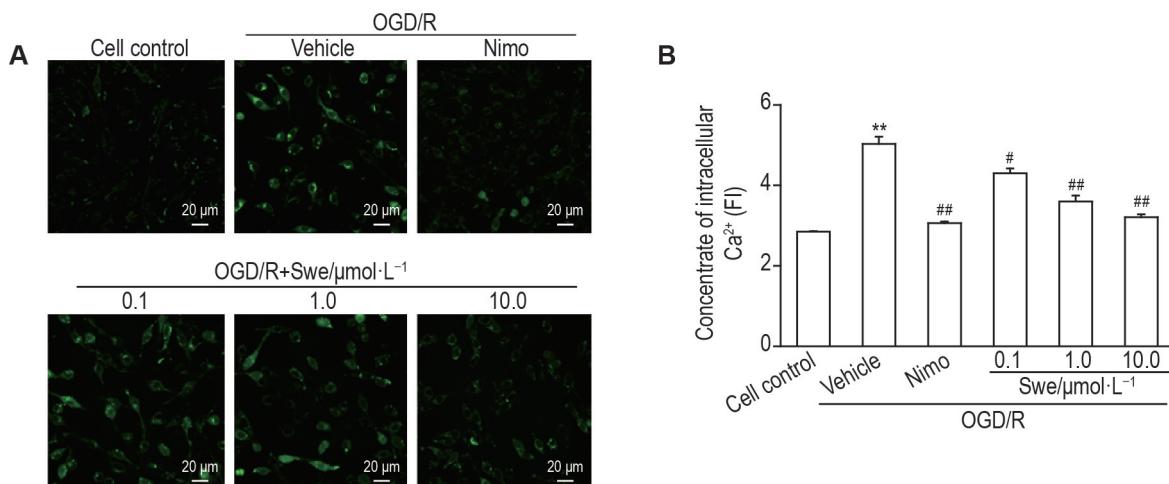


Fig.3 Effect of Swe on intracellular Ca^{2+} concentration of PC12 cells injured by OGD/R by Fluo-3 Am fluorescent probe detection. See Fig. 1 for the cell treatment. B was the quantitative result of A. FI: fluorescence intensity. $\bar{x}\pm s$, $n=6$. ** $P<0.01$, compared with cell control group; # $P<0.05$, ## $P<0.01$, compared with OGD/R model group.

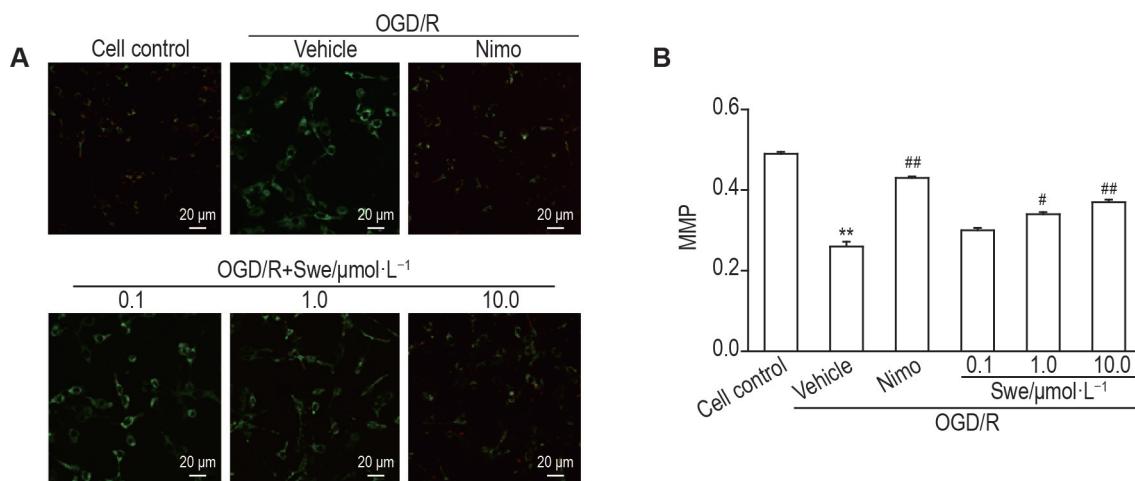


Fig.4 Effect of Swe on mitochondrial membrane potential (MMP) of PC12 cells injured by OGD/R by JC-1 probe detection. See Fig. 1 for the cell treatment. B was the quantitative result of A. MMP= $\text{FI}_{\text{Red}}/\text{FI}_{\text{Green}}$. $\bar{x}\pm s$, $n=6$. ** $P<0.01$, compared with cell control group; # $P<0.05$, ## $P<0.01$, compared with OGD/R model group.

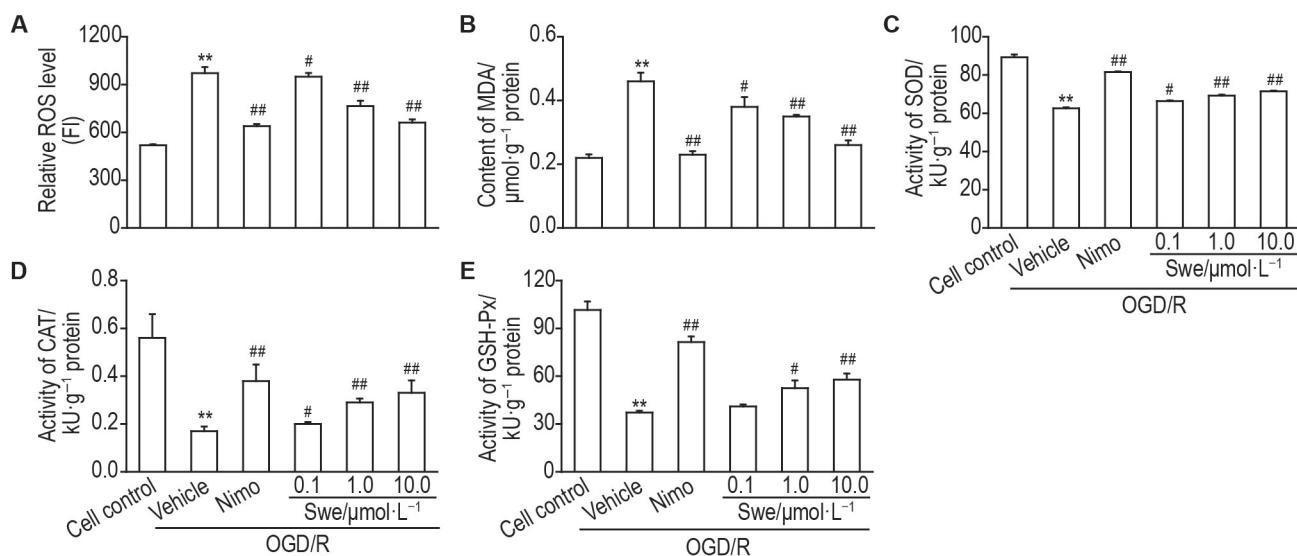


Fig.5 Effect of Swe on oxidative stress of PC12 cells injured by OGD/R. See Fig.1 for the cell treatment. ROS: reactive oxygen species; MDA: malondialdehyde; SOD: superoxide dismutase; CAT: catalase; GSH-Px: glutathione peroxidase. $\bar{x} \pm s$, $n=6$. ** $P<0.01$, compared with cell control group; # $P<0.05$, ## $P<0.01$, compared with OGD/R model group.

2.6 Swe对OGD/R损伤的PC12细胞凋亡的影响

细胞凋亡检测结果(图6)显示,与细胞对照组比较,OGD/R模型组细胞早期凋亡率和细胞死亡率明显增加($P<0.01$);与OGD/R模型组比较,Swe 10 $\mu\text{mol}\cdot\text{L}^{-1}$ 和尼莫地平显著降低细胞早期凋亡率和细胞死亡率($P<0.01$)。

2.7 Swe对OGD/R损伤的PC12细胞Bcl-2和Bax蛋白表达及胱天蛋白酶3活化水平的影响

Western印迹检测结果(图7)显示,与细胞对照组比较,OGD/R模型组Bcl-2/Bax比值明显降低($P<0.01$),胱天蛋白酶3活化水平明显升高($P<0.01$);与模型组比较,Swe 10 $\mu\text{mol}\cdot\text{L}^{-1}$ 组Bcl-2/Bax比例

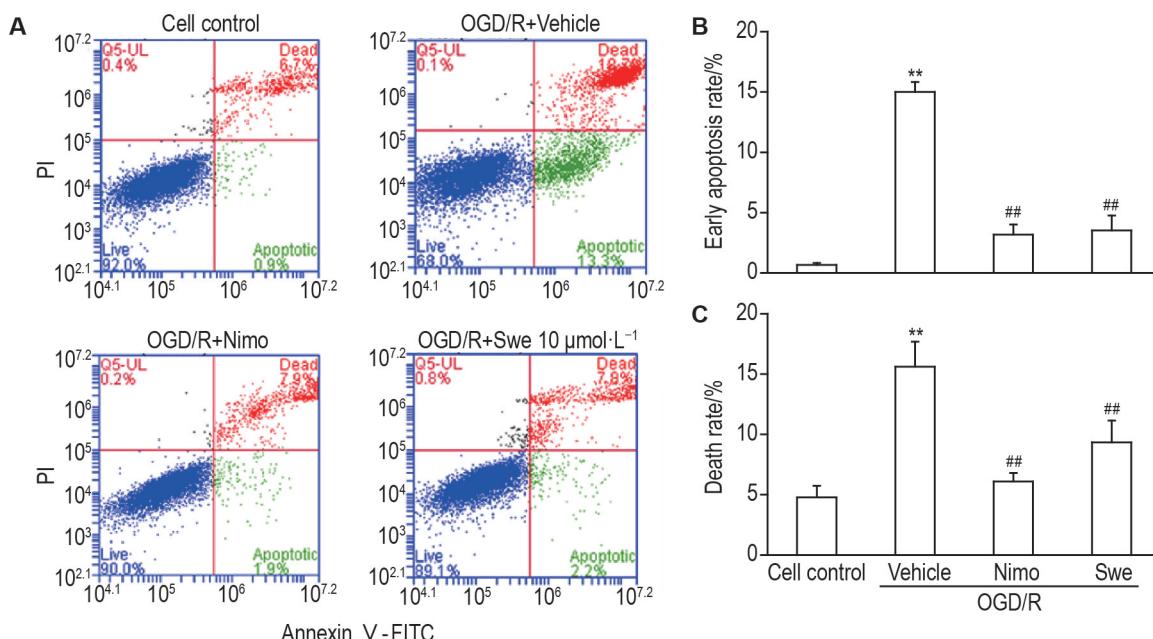


Fig.6 Effect of Swe on apoptosis of PC12 cells injured by OGD/R by flow cytometry. See Fig.1 for the cell treatment of OGD/R. PC12 cells were treated with Vehicle, Swe 10 $\mu\text{mol}\cdot\text{L}^{-1}$ or Nimo 12 $\mu\text{mol}\cdot\text{L}^{-1}$ for 24 h in the entire process of reperfusion. B and C were the quantitative results of A. $\bar{x} \pm s$, $n=6$. ** $P<0.01$, compared with cell control group; ## $P<0.01$, compared with OGD/R model group.

明显升高($P<0.01$),胱天蛋白酶3活化水平明显降低($P<0.01$)。

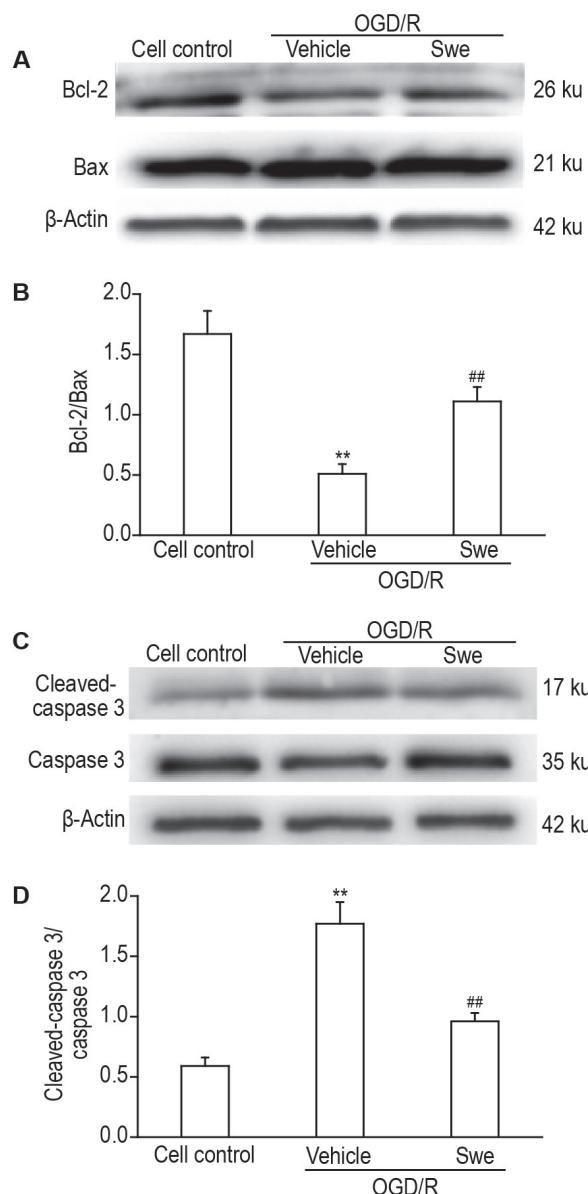


Fig.7 Effect of Swe on expression levels of Bcl-2 and Bax and activation level of caspase 3 in OGD / R injured PC12 cells by Western blotting. See Fig.1 for the cell treatment of OGD/R, and PC12 cells were treated with Swe 10 $\mu\text{mol}\cdot\text{L}^{-1}$ for 24 h in the entire process of reperfusion. B and D were the quantitative results of A and C, respectively. $\bar{x}\pm s$, $n=6$. ** $P<0.01$, compared with cell control group; ## $P<0.01$, compared with OGD/R model group.

3 讨论

CIRI的发病机制复杂,大量研究表明,ROS大量产生引起的氧化应激在CIRI的发生发展中起到关键作用。本课题组前期研究发现,Swe在ICR小鼠大脑中动脉栓塞模型上可抗CIRI,具有神经保护作用^[12],且该作用与激活Nrf2信号通路抑制氧化应激

损伤有关。本研究采用PC12细胞建立氧糖剥夺4 h、再灌注24 h的体外OGD/R模型,MTT法和LDH漏出率检测结果表明,Swe组细胞存活率明显升高,LDH漏出率明显降低,说明Swe可降低OGD/R引起的PC12细胞损伤。Swe可对抗OGD/R引起的SOD,GSH-PX和CAT活性降低及ROS和MDA含量增加,说明Swe可以减少PC12细胞OGD/R引起的氧化应激损伤。

线粒体功能障碍与氧化应激密切相关。脑缺血再灌注会诱导氧化应激,使ROS的水平增加,改变线粒体膜电位,导致细胞内Ca²⁺浓度增加。Ca²⁺超载可引起细胞损伤,进一步加重氧化应激,触发下游凋亡信号通路的激活。此外,MMP能反映线粒体的功能和损伤程度,MMP的降低最终导致细胞凋亡^[14-15]。因此,维持细胞内Ca²⁺水平和增加MMP可以降低OGD/R引起的PC12细胞损伤。本研究结果表明,Swe显著抑制OGD/R损伤后PC12细胞内Ca²⁺超载,提高MMP水平。说明Swe能减少OGD/R引起的PC12细胞氧化应激和维持线粒体功能。

凋亡是脑缺血再灌注细胞死亡的主要方式之一。细胞凋亡受凋亡相关蛋白Bcl-2和Bax的调节,其中促凋亡蛋白会激活下游胱天蛋白酶家族,包括将凋亡执行蛋白胱天蛋白酶3激活成为活化的胱天蛋白酶3,从而引起DNA的损伤和细胞凋亡的产生^[16-18]。文献报道,增加Bcl-2/Bax比例,抑制胱天蛋白酶3活化水平可以减少细胞凋亡^[19-21]。本研究中,OGD/R模型组细胞凋亡率增加,Bcl-2/Bax明显降低,胱天蛋白酶3活化水平明显增加,Swe可显著减少OGD/R引起的PC12细胞凋亡。

综上所述,Swe对PC12细胞OGD/R损伤具有保护作用,且Swe的神经保护作用与抑制氧化应激、减少细胞凋亡有关,此研究结果与前期在ICR小鼠体内研究结果相一致,由此说明Swe有可能作为潜在的抗CIRI的神经保护剂。

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Protection of swertiamarin against oxygen-glucose deprivation/reperfusion-induced injury in PC12 cells and mechanism

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Abstract: **OBJECTIVE** To explore the protective effect of swertiamarin (Swe) on oxygen-glucose

deprivation/reperfusion (OGD/R) injury in PC12 cells and the related mechanism. **METHODS** ① PC12 cells were placed into an anoxic incubator for hypoxia and glucose deficiency for 4 h before being placed into a CO₂ incubator for 24 h of normal culture to establish an OGD/R model. During reoxygenation, PC12 cells were maintained with vehicle (OGD/R group), Swe 0.1, 1 or 10 μmol·L⁻¹ (Swe group) and nimodipine 12 μmol·L⁻¹ (Nimo group). The survival rate of PC12 cell was detected by MTT assay, and the lactate dehydrogenase (LDH) leakage rate was detected by the LDH activity assay kit. The content of reactive oxygen species (ROS) in PC12 cells was detected by the DCFH-DA fluorescence probe. The activities of superoxide dismutase (SOD), catalase (CAT) and glutathione peroxidase (GSH-Px) and the content of malondialdehyde (MDA) were determined using the colorimetric method. The Fluo-3 Am fluorescent probe was used to detect Ca²⁺ concentrations in PC12 cells, and the JC-1 probe was used to detect mitochondrial membrane potential (MMP). ② A PC12 cell OGD/R model was established that was maintained with vehicle (OGD / R model group), Swe 10 μmol · L⁻¹ (Swe group) or Nimo 12 μmol·L⁻¹ (Nimo group) along with reoxygenation. The level of apoptosis was detected by flow cytometry. Western blotting was used to detect the expression levels of Bcl-2 and Bax, as well as the activation level of caspase 3. **RESULTS** ① Compared with the cell control group, the cell survival rate was decreased, the leakage rate of LDH was increased, the Ca²⁺ concentration in PC12 cells was increased, the MMP was decreased in the OGD/R group, the activities of SOD, CAT and GSH-Px were decreased, the content of MDA was increased, cell apoptosis was increased, the ratio of Bcl-2/Bax was decreased and the activation level of caspase 3 was increased in the OGD/R group ($P<0.01$). Compared with the OGD/R group, the activities of SOD and CAT were increased in PC12 cells, the Ca²⁺ concentration and the contents of ROS and MDA were decreased in the Swe 0.1 μmol·L⁻¹ group ($P<0.05$), the cell survival rate was increased, the leakage rate of LDH was decreased, the Ca²⁺ concentration in PC12 cells was decreased, the MMP was increased, the activities of SOD, CAT and GSH-Px were increased, the contents of ROS and MDA were decreased in Swe 1 and 10 μmol·L⁻¹ groups and Nimo group ($P<0.05$, $P<0.01$). ② Compared with the OGD/R group, cell apoptosis was decreased in the Swe 10 μmol·L⁻¹ group and Nimo group ($P<0.01$), the ratio of Bcl-2/Bax was increased and the activation of caspase-3 was decreased in the Swe 10 μmol · L⁻¹ group ($P<0.01$). **CONCLUSION** Swe protects PC12 cells from OGD/R-induced injury, and this effect is associated with inhibiting oxidative stress and reducing apoptosis.

Key words: swertiamarin; PC12 cells; oxygen-glucose deprivation/reperfusion; neuroprotection; oxidative stress

Foundation item: Key Research and Development Project of Ningxia Hui Autonomous Region (2017BY079); and Superior Subject Group Project of Ningxia Medical University (XY201804)

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(收稿日期: 2021-03-21 接受日期: 2021-12-05)

(本文编辑: 赵楠)