

·综述·

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枸橼药用研究进展

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摘要: 枸橼 (*Citrus medica* L.) 作为一种中药材, 在我国有广泛的临床药用, 并随着东西方的交流, 传播至地中海沿岸地区, 在西方生活和文化中也有着重要作用。本文从枸橼的历史记载、外观形态、化学成分和药理活性作用角度对枸橼的药用沿革和研究概况进行阐述, 以期对枸橼及柑橘属其他药材的研究提供参考。

关键词: 枸橼; 香橼药材; 柑橘属; 化学成分; 药理活性

An overview of medicinal research on Citron

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Abstract: Citron, as an important traditional Chinese medicine, has a wide range of clinical applications, which has also played an important role in the life and culture in western countries since it was introduced into the Mediterranean area as a result of the East-West exchanges. In this paper, the historical records, appearance, chemical composition and pharmacological activities of Citron are summarized so as to provide reference for the study of citron and other Citrus herbs.

Keywords: Citron; citri fructus; Citrus; chemical composition; pharmacological activity

枸橼 (*Citrus medica* L.) 又称香橼, 是芸香科 (*Rutaceae*) 柑橘属 (*Citrus*) 的植物, 源于东南亚地区, 在意大利、法国、希腊及印度等地都有栽培分布, 其干燥成熟的果实是我国传统中药材香橼的来源之一^[1-5]。枸橼性喜热, 不耐寒, 自然分布在中国的云南西南部和西藏东南部, 及印度东北部等地区, 后来通过波斯传播到近东和地中海周边地区, 并在这些地区自成体系发展, 在上千年的时间内都是这些地区的唯一被认知的柑橘类水果, 在漫长的历史过程中, 和当地宗教和文化形成紧密结合, 目前是犹太教等宗教中重要的符号^[2-4]。中国作为枸橼的原产中心之一, 历代古籍中多有记载, 常将其作为居室空气增香或制作成蜜饯食用, 此外还广泛作为传统中药使用^[2,5-7]。枸橼果实含有酚类、黄酮类、生物碱类、香豆素类、维生素类等多种功效性成分, 一般认为其味辛、苦、酸, 性温, 归肝、脾、肺经, 具有疏肝理气、宽中、化痰的功效, 用于肝胃气滞、胸肋胀痛、脘腹痞满、呕吐噫气、痰多咳嗽病症的治疗^[1-3,8-11]。

佛手 (*Citrus medica* L. var. *sarcodactylis* Swingle) 作为枸橼的变种之一, 其干燥果实作为传统中药也有广泛应用, 其与枸橼形态、成分、性味及功效类似,

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两者的记载和使用混乱情况自古有之, 加之芸香科植物的果实都较为接近, 且人工杂交培植情况普遍, 现行规格多样, 因此市场上真伪混乱现象严重, 对来源于芸香科的中药材, 乃至中医药行业的发展带来不利^[6,8-9,12-14]。近期, 本课题组在检验工作中遇到多次以伪品冒充香橼的情况, 伪品来源基本都是未成熟的柚子果实, 冒充的对象也都是枸橼, 可见目前市场上确实存在较多的香橼(多为枸橼)伪品, 这些伪品极有可能对公众用药安全和有效产生不利影响。近年来对枸橼的研究并不多, 尤其是中文文献相对较少。本文立足于柑橘属植物基本种之一的枸橼药用状况, 通过中国知网和PubMed查阅国内外相关研究报道, 对其外观形态、化学成分和现代药理研究进行总结归纳, 以期为该类药材的进一步深入研究及对其真、伪品的鉴别区分研究提供参考。

1 历史记载及外观形态

文献显示, “枸橼”一词最早见于东汉杨孚所撰《异物志》, 该书系统记载了岭南的风物, 是中国历史上首部地区性物产专著^[15-16]。其后多种典籍都有“枸橼”“枸橼子”“香橼”“香柰”“佛手柑”和“香圆”等名称的记载, 如《本草纲目》中就有“枸橼, 释名香橼、佛手柑”的记载, 又如《本草从新》中也有“香橼, 俗作圆, 一名佛手柑, 古名枸橼。”现代有学者本草考证表明, 这些多存在枸橼与佛手混合记载的情况^[6,14,17-20]。元代贾铭所著《饮食须知》首次将枸橼与佛手分列记载, 其后明代兰茂所著的《滇南

本草》不仅将枸橼与佛手作为2种药材分列,还对两者的性味归经与功能主治分别进行描述^[21-22]。1753年瑞典植物分类学家林奈,按照双名命名法将枸橼正式命名为*Citrus medica L.*(in sp. Pl. 2:782,1753)^[2]。

枸橼植物为常绿灌木或矮小乔木;茎枝具刺,较软,呈披垂状;叶互生,叶片长椭圆形,先端圆或钝短尖,基部阔楔形;短总状花序,顶生及腋生,花大,紫红色,花瓣肥厚^[2,8,20]。枸橼果实呈长椭圆状或卵圆形,先端乳状突起明显;表面黄色或黄绿色,油胞点平或微凹;果皮厚且难剥离,剖开后可见瓤囊10~17室,中心柱坚实,新鲜果肉为淡青黄色,汁多而味酸;种子黄白色,小而饱满^[1,2,8,20]。

枸橼干燥成熟的果实作为药材香橼药用,一般于秋季果实成熟时采收,趁鲜切片,晒干或低温干燥,因此枸橼药材呈圆形或长圆形片,直径4~10cm,厚0.2~0.5cm。若为横切片则外果皮呈黄色或黄绿色,边缘波状,具凹入油点;中果皮厚1~3cm,为黄白色或淡棕黄色,有不规则网状突起维管束。若为纵切片可见粗壮中心柱^[1]。

2 化学成分

枸橼中含有丰富的组成物质,主要化学成分有酚类、黄酮类、生物碱类、香豆素类、维生素类、萜类以及一些微量元素,由于枸橼具有芳香气味,其果实的挥发油具有重要意义,其中主要为挥发性的烯、醛、醇、酯等成分^[3]。

2.1 挥发油中的成分

枸橼气味芳香,含有丰富的挥发油,目前对于枸橼挥发油的研究主要集中在该植物的果皮和叶子部分,且从文献^[5,7,23-30]来看,枸橼与常见的其各变种的挥发油中化学成分及含量基本一致。对枸橼挥发油的研究主要采用气相色谱-质谱(GC-MS)手段,并且分析得到枸橼植物的果皮与叶子挥发油中化学成分数量基本为36~63种,这些化学成分通常是由萜烯类碳氢化合物和含氧衍生物所组成^[5,7,23,27-29]。

枸橼果皮的挥发油主要为柠檬烯、异柠檬烯、 β -月桂烯、 γ -松油烯、香叶醛、柠檬醛、乙酸橙花酯、橙花醇等,但有报道称不同样品之间所含的 γ -松油烯的含量差别较大^[5,7],这是否是由于个体差异还是干燥方式或储存条件不同造成的还有待进一步考察研究。

除了果皮外,枸橼的叶子也有确切的药理活性,并且同果皮一样,枸橼叶子同样含有较丰富的挥发性成分^[5,7,31]。LOTA等^[5]在对枸橼叶子的挥发油成分进行分析时鉴定出了42种化学成分,这些化学成分占挥发油的96.5%~98.5%,其中柠檬烯作为含量

最高的成分占挥发油的27.8%~43.2%。叶子挥发油中49.4%~66.6%为含氧化合物,基本为含氧无环单萜类成分,香叶醛占挥发油的17.0%~23.4%,柠檬醛占11.9%~16.3%,香叶醇占2.5%~6.8%,橙花醇占2.1%~7.3%^[5]。此外,BHUIYAN等^[7]称芥酸酰胺占枸橼叶子挥发油的28.43%,为其中含量最高的成分,其次分别为柠檬烯占18.36%、柠檬醛占12.95%。

2.2 非挥发油成分

2.2.1 黄酮类成分 黄酮类成分是柑橘类植物中的功能性成分之一,具有抗氧化、抗肿瘤等重要的生物活性^[32-34]。枸橼中含有丰富的黄酮类成分,如新圣草次苷、新橙皮苷、柚皮苷、芹菜素糖苷类、香叶木素糖苷类、野漆树苷、金圣草素-7-O-新橙皮糖苷等^[3]。近年来,国内多位研究人员不断从枸橼果实之中提取得到各种黄酮类成分,甚至从中首次分离得到香叶木素和柚皮素等黄酮类成分^[11,35-36]。国外对枸橼的研究没有局限于果实,在对来源于枸橼植物的茎和根的树皮组织及树叶的研究中分离得到多种黄酮类成分化合物,通过试验证实这些黄酮类成分具有一定的药理活性^[31,37-38]。

2.2.2 香豆素类成分 香豆素类成分是一类以苯并 α -吡喃酮为母核的肉桂酸衍生物,一般具有芳香气味,在芸香科中分布广泛,具有抗肿瘤和抑制微生物等活性^[10,12-13,39-41]。目前文献^[3,10-11,42]报道的枸橼植物中含有的香豆素类成分主要有花椒内酯、去甲齿叶黄皮素、7-羟基香豆素、5,7-二羟基香豆素、7-羟基-6-甲氧基香豆素、5,7-二甲氧基香豆素、6-7-二甲氧基香豆素、佛手柑内酯和8-(2',3'-二羟基-3'-甲丁基)-5,7-二甲氧基香豆素等。

2.2.3 其他成分 此外,枸橼还含有大量具有活性的其他种类化学成分,如多酚类、类胡萝卜素类、生物碱类、维生素类及一些金属元素等^[3,11,43-48]。枸橼的果皮中富含具有良好的抗氧化活性多酚类成分,有文献报道枸橼果皮乙醇提取物中多酚类成分总量可达各黄酮类成分的5倍^[3,45]。枸橼中所含的胡萝卜素类化合物属四萜类化合物,由2个二十碳单位尾尾相连构成四十碳的分子母体,可从中衍生出许多不同化合物,是一类天然色素物质,同时也是光合作用重要参与物质之一^[49-51]。目前在柑橘类果实中已发现有6种类胡萝卜素成分(叶黄素、玉米黄素、 β -隐黄质、 α -胡萝卜素、 β -胡萝卜素和番茄红素),具有合成维生素A前体等重要作用^[3,52]。而枸橼的花中含有较多的生物碱类成分,如咖啡因、茶碱等,雄蕊中咖啡因含量更可高达0.9%,接近于著名的阿拉比卡咖

啡豆的咖啡因含量^[3]。

3 药理活性作用

3.1 抗氧化

多篇文献^[43-45,53-55]报道通过DPPH试验、 β -胡萝卜素漂白试验和牛脑过氧化试验等证实, 柚橼的果皮、果肉和根部具有强烈的抗氧化和自由基清除活性, 尤其是柚橼果皮的乙醇提取物, 该提取物主要含有黄酮类、萜类、多酚类和生物碱类成分。FRATI-ANNI等^[45]通过Folin-Ciocalteau试剂测定了柚橼果皮的乙醇提取物中以没食子酸计的总多酚类成分的含量, 并使用DPPH试验测定了该提取物的抗氧化活性, 结果发现总多酚类成分的含量与抗氧化活性之间相关系数可达0.96, 呈强相关性。

3.2 抗肿瘤

据文献^[3,56,57]报道, 柚橼果实具有确切的抗肿瘤活性, 不只通过抗氧化活性实现, 更多通过对炎症的抑制作用和防止脂质过氧化等作用实现^[3,56-57]。JOCOB等^[56]通过小鼠体内试验发现, 柚橼中的2种柠檬苦素苷元可抑制超过50%肿瘤的发生, 这是由于柠檬苦素类成分能显著诱导谷胱甘肽-S-转移酶(glutathione-S-transferase, GST), 而GST是肝脏和肠黏膜中的抗氧化酶, 在解毒酶系统中有重要作用, 可催化谷胱甘肽与许多在自然界具有高度活性的致癌化合物的结合。此外, AJIKUMARAN等^[57]通过MTT比色法、形态学观察、快速晕染法、流式细胞术分析等一些经典的体外实验也证实了柚橼的抗肿瘤活性。

3.3 降血糖

HETTA等^[31]研究糖尿病大鼠模型口服柚橼提取物试验, 结果表明空腹血糖和糖化血红蛋白快速降低, 增加血中胰岛素水平。KABRA等^[44]研究证实柚橼乙醇提取物(萜类、酚类、黄酮类、生物碱类及挥发油等)可显著提高链脲佐菌素诱导的糖尿病大鼠的胰岛素水平, 并可提高胰岛素分泌的生物活性, 表明其具有抗糖尿病活性。MENICHINI等^[55]对2型糖尿病大鼠的动物模型分2种剂量进行口服柚橼果皮提取物4周后, 发现其可降低患病大鼠的胆固醇和甘油三酯水平, 并且大鼠体重和血糖水平对口服剂量呈依赖性影响, 这一结果表明柚橼果皮提取物可作为治疗高血脂症和高血糖症有效的植物疗法。

3.4 保护心血管系统

MOHAMMED等^[58]对柚橼的心血管保护作用进行了研究, 结果表明柚橼中的黄酮类和酚类成分对异丙肾上腺素(isoproterenol, ISO)诱导的大鼠心脏毒性具有保护作用。ISO诱导的大鼠心脏毒性可表

现为脂质过氧化物的增加, 形成许多自由基, 同时血浆胆固醇、甘油三酯、低密度脂蛋白和极低密度脂蛋白水平也会增加, 病理组织学观察该诱导可发生心肌炎症和心肌坏死。枸橼乙醇提取物可降低胆固醇、甘油三酯、低密度脂蛋白和极低密度脂蛋白的水平, 增加丙氨酸转氨酶、天冬氨酸转氨酶、乳酸脱氢酶、肌酐激酶的含量水平, 而这些酶对心肌损伤有预防作用。MOHAMMED等^[58]认为由于枸橼有效的抗氧化剂和自由基清除活性, 因此可用于ISO致心脏损害时心功能不全的预防, 显示出心脏保护潜力。

3.5 其他活性

除以上药理活性外, 柚橼还有抗菌消炎^[43,45,47]及镇痛^[3]等作用。

4 小结

柑橘属药材是我国一类重要的传统中药材, 柚橼作为该属中的重要药材, 与其他柑橘属药材具有相似性, 其内在化学成分的差异也表明他们药理活性的不同, 如作为枸橼变种的佛手, 历代本草中长期与枸橼等品种混用, 然而虽然两者均可理气化痰, 但临床应用中, 枸橼化痰更胜, 而佛手治呕功能更强^[20]。

枸橼不仅在我国有着悠久的药用历史, 在印度、伊朗、意大利、埃及等地也有十分广泛的用途, 在部分宗教文化中也有重要意义。在漫长的时期内, 枸橼都是地中海等地区被人类认知的唯一柑橘类水果, 在自成体系的发展中, 产生了许多重要的变种。因此, 枸橼的价值不仅仅体现在临床药用, 在食品乃至文化领域也有重要价值, 而对这一古老的柑橘类物种的生物学研究对该属植物的研究也具有十分重要的意义。

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一般情况良好,排除感染性发热,停用头孢地嗪后体温恢复正常,故考虑为头孢地嗪导致药物热的可能性较大;患者在使用头孢地嗪 12 d 后出现发热,也符合抗菌药物导致药物热一般发生在使用药物后的 7~14 d 的规律。据报道,抗菌药物导致的药物热以头孢菌类最为常见,其次是青霉素类和大环内酯类^[15]。头孢地嗪为第三代头孢菌素类药物,其作用机制为主要抑制细菌细胞壁粘肽合成而起杀菌作用,因临床效果好、不良反应少,在尿路感染和肺部感染患者中使用广泛,且头孢地嗪导致药物热的临床报道较少,容易被医护人员忽视。

药物热的发生机制复杂,涉及药物种类繁多,因此,临床药师要充分利用自己的专业知识对患者进行用药监护,保障患者的用药安全。

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