

甜菊糖的体内代谢和生物活性研究进展

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摘要:甜菊糖是从甜叶菊叶中提取的甜菊醇糖苷混合物,因其高甜度、低热值、无营养,且无急性及亚急性毒性、遗传毒性和致癌性等特点,近年来备受人们的关注,是一种天然的功能性甜味剂。本文综述了甜菊糖的体内代谢途径和降血压、降血糖、抑菌、提高免疫力以及抗腹泻等生物活性。

关键词:甜菊糖,体内代谢,生物活性

Research progress on steviol glycosides metabolism and bioactivities

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Abstract: Steviol glycosides are natural substances from leaf of stevia, which have been attracted extensive attention recently because of its intense sweetness, low-calorie, no nutrition and no acute and subacute toxicity, genotoxicity and carcinogenic. The metabolic pathways and biological activities of steviol glycosides were summarized in the paper. The actions on anti-hyperglycemic, anti-hypertensive, anti-inflammatory, immunomodulatory and diuretic were reviewed in detail.

Key words: steviol glycosides; metabolism; biological activity

中图分类号:Q541

文献标识码:A

文章编号:1002-0306(2014)24-0366-05

doi:10.13386/j.issn1002-0306.2014.24.069

甜菊糖是从一种原产于南美洲巴拉圭等地的多年生菊科类植物甜叶菊中提取的甜味剂^[1]。甜菊糖是目前天然、非营养、高倍甜味剂中的代表性化合物族,国内外一致公认其为世界“第三类糖源”,甜度是蔗糖甜度的200~350倍,但热量却仅为蔗糖的1/300。2008年底,美国FDA批准甜菊糖中莱鲍迪苷A为GRAS(Generally Recognized as Safe,一般安全性物质)。2011年11月,欧盟委员会批准甜菊糖可作为食品添加剂使用。国内外学者大量实验表明,甜菊糖无急性及亚急性毒性、遗传毒性和致癌性,而且兼有药理活性如预防动脉粥样硬化^[2]、高血糖^[3]、肥胖、高血压、心脏病、龋齿等病症^[4],还有一定的消炎^[5]和抗癌^[6]作用,还被发现可以作为免疫增强剂^[7]使用。因此,甜菊糖可以替代蔗糖,是一种天然的功能性甜味剂^[8]。本文主要综述了甜菊糖的体内代谢途径和甜菊糖的降血压、降血糖、抑菌、提高免疫力以及抗腹泻等生物活性,期望能为后续的研究提供参考。

收稿日期:2014-02-25

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基金项目:国家自然科学基金(31171752,31371837);江苏省产学研联合创新基金项目(BY2010115)。

1 甜菊糖的甜味成分和结构

甜叶菊叶中已发现的30多种甜菊糖苷类化合物,其甜味成分均为内-贝壳杉烯酸(ent-kaurenoic acid)/酯类化合物,该类化合物中的糖单元都是通过β-键与母体连接,可划分为四类不同的贝壳杉结构^[9],其中含量最高的为甜菊苷{13-[2-O-β-D-glucopyranosyl-β-D-glucopyranosyl]oxy]kaur-16-en-18-oic acid, β-D-glucopyranosyl ester, Stevioside, St},而味质最佳的则为莱鲍迪苷A{13-[2-O-β-D-glucopyranosyl-3-O-β-D-glucopyranosyl-β-D-glucopyranosyl]oxy]kaur-16-en-18-oic acid-β-D-glucopyranosyl ester, Rebaudioside A, RA},其苷元为甜菊醇[(5β,8α,9β,10α,13α)-13-Hydroxykaur-16-en-18-oic acid, stevioside]。分析其立体化学结构,它们都是在甜菊醇(苷元)的C-19位和C-13位上接枝数量不等的葡萄糖基或者鼠李糖基,形成具有不同甜度和味质的斯替夫苷衍生物(表1)^[10]。

2 甜菊糖的体内代谢

甜菊糖中苷元和糖基主要依靠β-1,2糖苷键连接,这使其不能在消化道中被生物体直接吸收,在外实验中也得到了验证,消化酶(淀粉酶、蛋白酶、胰酶)和肝脏组织都不能降解斯替夫苷和莱鲍迪苷A,而在猪、小鼠和人肠道中可以被微生物降解为甜菊

表1 甜叶菊中主要的甜菊糖苷和甜度

Table 1 Major glycoside components and sweetness of *Stevia rebaudiana* leaves

| 斯替夫苷系列化合物 | R ₁ 位取代基 | R ₂ 位取代基 | 甜度系数 |
|-----------------------|----------------------------------|---------------------|---------|
| 斯替夫苷 Stevioside | β-Glc-β-Glc (2→1) | β-Glc | 250~300 |
| 莱鲍迪苷 A Rebaudioside A | β-Glc-β-Glc (2→1) β-Glc (3→1) | β-Glc | 350~400 |
| 莱鲍迪苷 B Rebaudioside B | β-Glc-β-Glc (2→1) β-Glc (3→1) | H | 300~350 |
| 莱鲍迪苷 C Rebaudioside C | β-Glc-α-Rha (2→1) β-Glc (3→1) | β-Glc | 50~120 |
| 莱鲍迪苷 D Rebaudioside D | β-Glc-β-Glc (2→1) β-Glc (3→1) | β-Glc-β-Glc (2→1) | 200~300 |
| 莱鲍迪苷 F Rebaudioside F | β-Glc-β-Xyl (2→1) β-Glc (3→1) | β-Glc | |
| 内-贝壳杉烯酸母体 | 杜克苷 A Dulcoside A | β-Glc-α-Rha (2→1) | 50~120 |
| | 甜茶苷 Rubusodide | β-Glc | 300 |
| | 甜菊醇双糖苷 Steviobioside | β-Glc-β-Glc (2→1) | H |
| | 甜菊醇 Steviol | H | H |

注: Glc=葡萄糖基, Rha=鼠李糖基, Xyl=木糖基, H=氢原子, R₁, R₂=取代基。

醇^[11~12]。关于甜菊糖的体内代谢, Geuns 和 Simonetti 等^[11, 13~14]研究发现, 胃肠道对斯替夫苷的吸收非常微量, 到达结肠的斯替夫苷被微生物降解为甜菊醇, 这是在粪便中唯一能检测到的代谢物, 负责此种转化的主要是在胃肠道下部的拟杆菌属 (*Bacteroides sp.*)^[11]。Geuns 等^[14]在人体关键组织和器官中分析表明斯替夫苷优先积累在大肠和小肠中, 食用斯替夫苷3d以后, 在粪便中没有检测到游离的斯替夫苷, 而只检测到了游离的甜菊醇。

Simonetti 等^[11]在志愿者的外周血液中没有发现游离的甜菊醇, 而是以结合态的形式出现, 这表明外周血液中所有游离的甜菊醇均由肝脏转化成了甜菊醇葡萄糖苷酸。在尿中没有检测到游离的甜菊醇, 甜菊醇仅作为糖苷配基而被发现, 甜菊醇葡萄糖苷酸是尿液中唯一能够检测到的结合物^[13, 15]。推测斯替夫苷在体内的代谢途径见图1, 在盲肠中完全被肠道菌降解为甜菊醇, 部分甜菊醇被吸收并通过肝肠循环, 经由门静脉, 在肝肠中被转化为甜菊醇葡萄糖苷酸 (steviol glucuronide, steviol 19-O-β-D-glucopyranosiduronic acid, SG), 然后经由血液, 最终运输到肾经尿液排出。葡萄糖苷酸易在肝脏中形成, 这与大豆黄酮相似, 摄入后被代谢成复合物, 随后又被β-葡萄糖酸酶和硫酸酯酶降解^[16]。

Wheeler 等^[15]让健康男性分别口服莱鲍迪苷 A

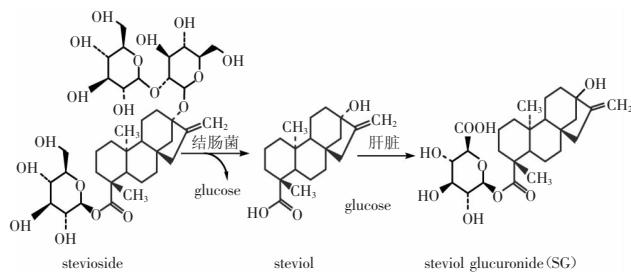


图1 斯替夫苷体内代谢途径

Fig.1 The metabolic pathway of stevioside

(5mg/kg体重)和斯替夫苷(4.2mg/kg体重)后, 对甜菊醇和甜菊醇葡萄糖苷酸的药代动力学进行了比较。在服用莱鲍迪苷A或者斯替夫苷后, 所有的实验者血浆中均发现了甜菊醇葡萄糖苷酸, 摄入后Tmax的中间值分别为12h和8h, 对这两种化合物而言, 甜菊醇葡萄糖苷酸在血液中的消除的T1/2的值接近, 约为14h。甜菊醇葡萄糖苷酸主要在收集尿液的72h内排泄, 分别占莱鲍迪苷A和斯替夫苷剂量的59%和62%。在粪便中没有检测到甜菊醇葡萄糖苷酸。药代动力学分析表明, 莱鲍迪苷A和斯替夫苷在人体中以相同的途径代谢和排泄, 甜菊醇葡萄糖苷酸主要从尿液中排出。

3 甜菊糖的生物活性

3.1 对血糖水平的影响

糖尿病是一种代谢性疾病, 它是由于胰岛素的分泌缺陷或对胰岛素作用障碍所致。针对Ⅱ型糖尿病患者, 由于其胰岛素活性较低或胰岛素分泌不足, 则对糖份的摄取需要严格定量。斯替夫苷可以促进胰岛素的分泌^[17], 并且具有高甜度和低热量的特性, 因此, 对于糖尿病患者, 可以用斯替夫苷替代蔗糖食用^[17]。

Chen^[17]研究斯替夫苷能够降低血糖的机理, 发现斯替夫苷可以刺激胰岛β-细胞和β-细胞系的INS-1细胞分泌胰岛素, 增强胰岛素的敏感性, 长期服用斯替夫苷可以降低血糖, 放射性核素和胆固醇含量^[18]。血糖浓度从3.3mmol/L增加至16.7mmol/L才刺激胰岛素的释放, 而斯替夫苷在1mmol/L就显著刺激胰岛素的分泌。正常葡萄糖水平的高血压患者长期摄入甜菊糖, 不影响其空腹血糖^[19]。然而有趣的是, 对GK大鼠的长期研究中发现莱鲍迪苷A未能促进胰岛素的分泌^[20], 对于Ⅱ型糖尿病患者服用莱鲍迪苷A 16周并未影响血糖的动态平衡, 对血脂和血压也没有影响^[21], 这说明莱鲍迪苷A在体内不具有类似于斯替夫苷调节葡萄糖的药理作用。

3.2 降血压作用

目前主要通过钙离子阻滞剂、血管紧张素转换酶抑制剂、 β -阻滞剂、 α -阻滞剂、血管扩张剂和利尿降压剂等6种方式降血压。甜菊糖具有降血压作用^[8,22],甜菊糖降低血压的原理类似于钙离子阻断剂,主要通过降低细胞外Ca²⁺的流入和刺激血管舒张剂(前列腺素)的生成^[23]。早期的动物及人体实验表明,甜叶菊干叶的液体提取物可以促进全身和肾脏血管的舒张,从而引起血压过低,削弱了肾脏的自动调节功能,引起多尿和尿钠排泄等负面影响^[24]。

Melis等^[25]对斯替夫昔的降血压效果提出了一种假设机制,认为斯替夫昔或其代谢物对肾脏的功能直接起作用。对大鼠静脉注射斯替夫昔(16mg/kg)增加了水、钠和钾的排泄,这会产生血管扩张效果,导致血压降低。因为口服摄入的量太低,目前还不清楚这些作用是否也会在口服后出现^[26]。Melis进一步认为,斯替夫昔的血管扩张活动有助于依赖于Ca²⁺通道的阻塞。由于这种作用,平滑细胞肌的钙流入受到抑制而产生了血管扩张的效果^[27]。

在一项斯替夫昔的代谢研究中,给正常血压(114/74mmHg)的志愿者口服10~15mg/kg体重剂量的斯替夫昔,没有发现其影响血压^[14]。在为期7周、11周和6周的实验中,三个剂量(3.75、7.5和15mg/kg体重)的摄入量都没有对轻度高血压患者(140/94mmHg)的收缩压和舒张压产生影响^[28]。这些结果显示,正常血压人群服用高达15mg/kg体重的斯替夫昔不会影响血压。

3.3 抑菌作用

因人体对抗生素的抵抗力增强,新的以及不断重复的传染性疾病发生率增多,促使我们亟需发掘具有不同结构的抗菌物并研究其作用机制^[29]。因此,具有抗菌性的植物提取物和植物化学物质对治疗方案具有重要意义^[30]。Debnath等^[31]发现对于易受到真菌感染或链球菌感染的人群使用蔗糖会加重感染程度,而使用斯替夫昔代替则有所缓解。因此认为斯替夫昔可以抑制某些细菌和其他传染性生物的生长^[32]。同时,研究不同甜叶菊溶剂(水、丙酮、甲醇、氯仿、乙酸乙酯、正己烷)提取物的抗菌活性,发现对伤寒沙门氏菌、嗜水气单胞菌、霍乱弧菌、枯草芽孢杆菌和金黄色葡萄球菌等微生物具有抗菌活性^[30-31,33-34];但是发酵甜叶菊提取物只能对鼠伤寒沙门氏菌、金黄色葡萄球菌和枯草杆菌有抑制作用^[31,33]。Tomita等^[35]也发现甜叶菊的热水提取物对肠出血性大肠杆菌和其他食源性致病细菌有抑制活性。

3.4 免疫作用

免疫系统构成了对入侵的病原体、外来物质的和癌细胞的宿主防御作用。发炎过程,包括促炎细胞因子的释放和活性氧和氮的形成,是免疫反应的重要组成部分。在这个过程中,免疫系统、上皮细胞和内皮细胞等交互参与有害刺激的清除及愈合。炎症反应是一种早期的通过免疫细胞和细胞因子介导的宿主免疫反应。病原细菌和其他传染性物质可直接激活单核细胞或巨噬细胞,启动炎症过程中的细胞因子级联和免疫反应,刺激单核细胞释放大量细胞因子,如生物活性肽/肿瘤坏死因子TNF- α 和白细胞介素IL-1 β ,此外活性自由基/一氧化氮(NO)也在炎症中起了作用^[36]。因此干扰TNF- α 、IL-1 β 、一氧化氮的产生常常作为评价天然产品的抗炎效果的指标^[37]。

Boonkaewwan等^[38]报道,在脂多糖(LPS)刺激人类单核THP-1细胞中,斯替夫昔(1mmol/L)能显著降低THP细胞释放致炎因子(TNF- α 和IL-1 β),而且一氧化氮的生成量也稍有下降。Toll样受体4(TLR4)是LPS信号传导的必须受体之一,斯替夫昔可能结合到TLR4上作为LPS的竞争性抑制剂,斯替夫昔的三个葡萄糖单位在斯替夫昔于THP-1细胞中的TLR4相互作用时可以发挥至关重要的作用,对于这种水平上的单核细胞,斯替夫昔有益于增强健康人群的先天性免疫。另一方面,LPS刺激的THP-1细胞株,相同浓度下的斯替夫昔通过干扰NF- κ B的信号传输途径来抑制TNF- α 、IL-1 β 和NO的释放,NF- κ B是控制在免疫细胞中致炎细胞因子的表达转录因子(图2)。

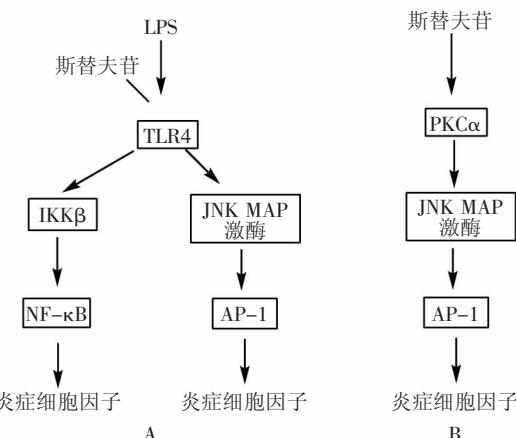


图2 斯替夫昔可能存在的免疫调节机理

Fig.2 The possible immune mechanism of stevioside

注:A:LPS结合于TLR4活化单核细胞的示意图;B:可能有斯替夫昔诱导的炎症因子经PKC α 的释放。

Kochikyan^[39]发现斯替夫昔可以预防胃溃疡,这是因为斯替夫昔和甜菊醇能够抑制12-O-14-烷佛波醇-13-乙酸酯(12-O-tetradecanoylphorbol-13-acetate,TPA)的生成^[40],而TPA是形成皮肤癌和局部炎症的主要因素^[40]。Nakamura等^[41]研究发现甜菊糖可抑制皮肤癌中的TPA诱导肿瘤产生的增长。甜菊糖增强细胞再生和血液凝固,抑制肿瘤生长和强化血管^[4,42-43]。Mizushina等^[44]研究发现异甜菊醇通过抑制DNA聚合酶和DNA拓扑异构酶Ⅱ的活性能够阻碍三种人体癌细胞的生长,从而达到抗癌作用。

3.5 其他生物活性

腹泻是一种常见的大肠疾病,通常导致腹泻的原因是肠道感染细菌和病毒。肠出血型大肠杆菌能够导致严重的出血性腹泻。Tomita等^[35]发现甜菊糖对肠出血型大肠杆菌具有抗菌性,由此推断甜菊糖具有治疗腹泻的潜质。斯替夫昔及其同系物主要通过影响肠道中Cl⁻分泌来治疗肠液分泌过多导致的分泌性腹泻^[45]。甜菊糖具有恢复记忆的作用,Sharma

等^[46]采用水迷宫法评估小鼠的学习和记忆能力,用东莨菪碱对小鼠记忆造成破坏,发现服用斯替夫昔后小鼠的记忆能力有所恢复。口腔摄入斯替夫昔可以预防龋齿,可以认为是一种钙拮抗剂^[47]。甜菊糖还具有一定的抑制动脉粥样硬化功能,Holvoet研究发现小鼠口腔摄入斯替夫昔后氧化低密度脂蛋白(ox-LDL)沉积减少,抗氧化超氧化合物歧化酶(SOD)表达增加,动脉粥样硬化程度减弱^[48]。

近端肾小管的主要功能是重吸收,它还可以通过有机阴、阳离子分泌系统清除各种异源物质和化合物,因此,对这种分泌转运系统的抑制或干扰可降低近端肾小管对于治疗药物的清除,增强药物本身的效果。甜菊糖与有机阴、阳离子转运系统有较小程度的交互作用,口腔摄入甜菊糖后,在体内转化为甜菊醇,此过程中与肾脏转运系统的交互作用,使得甜菊醇具有潜在的医用价值,可帮助延缓治疗药物的清除,使药物本身的疗效在未被清除前得到较好的发挥,从而达到治疗的目的^[49]。

4 展望

甜菊糖是已被中国和美国FDA批准使用的安全甜味剂,也正被越来越多的国家和组织认可。除了其甜味特性外,它所具有的降血压、降血脂、抑菌和免疫等药理生物活性,也正被开发利用在医药卫生行业。在崇尚绿色安全的21世纪,甜菊糖作为天然的功能性甜味剂,具有非常广阔的应用前景。深入研究甜菊糖的体内代谢途径和代谢产物,可以更清楚的掌握在体内的安全性,也能为生物活性的应用提供参考。

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