

白花九里明对脂肪肝干预及肝脏结构和功能保护的研究

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摘要: **目的** 探讨壮药白花九里明对高脂诱导脂肪肝的干预保护作用。**方法** 选取KM小鼠60只,随机分为正常对照组、模型对照组、辛伐他汀组、白花九里明低浓度组、白花九里明中浓度组和白花九里明高浓度组,每组10只。各组小鼠每天灌胃2次:正常对照组给予0.9%氯化钠溶液,其他组给予1.0138 g/mL猪油;正常对照组和模型对照组给予0.9%氯化钠溶液,辛伐他汀组给予0.3 mg/mL辛伐他汀,白花九里明低浓度组、中浓度组、高浓度组分别给予0.2、0.4、0.8 g/mL白花九里明提取液;灌胃量均按小鼠体重质量计算(10 mL/kg),连续5周。末次灌胃后12 h摘除眼球取血分离血清,检测各种血清甘油三酯(TG)、总蛋白(TP)、谷丙转氨酶(ALT)含量。分离肝右叶制备肝组织切片。**结果** 模型对照组TG明显高于其他各组($P<0.05$),白花九里明低浓度组、中浓度组TG明显高于正常对照组($P<0.05$),白花九里明高浓度组TG明显低于低浓度组($P<0.05$),白花九里明高浓度组、辛伐他汀组、正常对照组TG组间两两比较差异无统计学意义;模型对照组、辛伐他汀组、正常对照组TP组间两两比较差异无统计学意义,白花九里明低浓度组、中浓度组、高浓度组TP明显高于辛伐他汀组($P<0.05$),白花九里明低浓度组TP与正常对照组比较,差异无统计学意义,白花九里明中浓度组、高浓度组TP明显高于正常对照组($P<0.05$),白花九里明中浓度组、高浓度组TP组间比较差异无统计学意义;模型对照组ALT明显高于正常对照组($P<0.05$),辛伐他汀组ALT与正常对照组比较差异无统计学意义,但明显低于模型对照组($P<0.05$),白花九里明低浓度组、中浓度组、高浓度组ALT组间两两比较差异无统计学意义,但明显低于正常对照组、模型对照组、辛伐他汀组($P<0.05$)。正常对照组肝细胞形态结构清晰正常,肝索排列规则,肝血窦清晰,中央静脉管内仅见少许血细胞;模型对照组肝细胞数量明显减少、体积及胞核明显增大,肝细胞内出现大小不一的脂肪空泡且一些融合成大空泡呈现脂肪变性,肝索明显紊乱,肝血窦小而小,中央静脉管明显充血;辛伐他汀组、白花九里明低浓度组肝细胞数量无明显减少、体积及胞核稍增大,肝细胞内脂肪空泡呈现脂肪变性程度明显小于模型对照组,肝索排列紊乱,肝血窦明显可见,中央静脉管未见充血;白花九里明中浓度组、高浓度组肝细胞数量、体积和胞核与正常对照组比较无明显差别,肝细胞内无明显的脂肪空泡,肝索排列较规则,肝血窦清晰,中央静脉管不充血;白花九里明中浓度组的结构形态比低浓度组更接近正常对照组;白花九里明高浓度组结构形态与正常对照组相似。**结论** 高脂摄食可导致高脂血症和肝细胞脂肪变性,危害肝组织结构和功能。白花九里明具有降血脂、促进蛋白合成、干预性维护肝组织结构和功能的作用,高浓度白花九里明干预脂肪肝形成的护肝效果优于辛伐他汀。

关键词: 白花九里明;脂肪肝;干预;保护;小鼠

Study of Blumea Megacephala on the intervention of fatty liver and the protection of liver structure and function

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Abstract: **Objective** To explore the protective effect of the Zhuang medicine Blumea Megacephala on fatty liver induced by high fat. **Methods** 60 KM mice were selected and randomly divided into normal control group, model control group, simvastatin group, Blumea Megacephala low concentration group, Blumea Megacephala middle concentration group and Blumea Megacephala high concentration group, with 10 mice in each group. Mice in each group were given gavage 2 times a day, the normal control group was given 0.9% sodium chloride solution, the other groups were given

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1.013 8 g/mL lard; the normal control group and the model control group were given 0.9% sodium chloride solution and the simvastatin group was given 0.3 mg/mL simvastatin, and the low concentration group, medium concentration group and high concentration group of *Blumea Megacephala* were given 0.2, 0.4, 0.8 g/mL *Blumea Megacephala* extract; the gavage volume was calculated according to the body weight of the mice (10 mL/kg) for 5 consecutive weeks. 12 hours after the last gavage, the eyeballs were removed and blood was collected to separate serum, and the contents of various serum triglycerides (TG), total protein (TP) and alanine aminotransferase (ALT) were detected. Separate the right lobe of the liver to prepare liver tissue slices. **Results** The TG of the model control group was significantly higher than the other groups ($P<0.05$), the TG of the low concentration group and the medium concentration group of *Blumea Megacephala* was significantly higher than that of the normal control group ($P<0.05$), and the TG of the high concentration group of *Blumea Megacephala* was significantly lower than the low concentration group ($P<0.05$), there was no significant difference between the TG group of *Blumea Megacephala* high concentration group, simvastatin group and normal control group. There was no significant difference in TP pairwise comparison among model control group, simvastatin group and normal control group. The TP of the low concentration, middle concentration and high concentration groups of *Blumea Megacephala* was significantly higher than that of the simvastatin group ($P<0.05$). Compared with the normal control group, there was no statistically significant difference between the TP of *Blumea Megacephala* low concentration group and the normal control group. The TP of the *Blumea Megacephala* medium concentration group and the high concentration group was significantly higher than that of the normal control group ($P<0.05$). There was no significant difference between the TP group of the *Blumea Megacephala* medium concentration group and the high concentration group; the ALT of the model control group was significantly higher than that of the normal control group ($P<0.05$), there was no statistically significant difference in ALT between the simvastatin group and the normal control group, but it was significantly lower than the model control group ($P<0.05$). There was no significant difference in ALT between the *Blumea Megacephala* low concentration group, the medium concentration group and the high concentration group, but it was significantly lower than that normal control group, model control group and simvastatin group ($P<0.05$). The morphological structure of liver cells in normal control group was clear and normal, the hepatic cord was arranged regularly, the hepatic sinusoid was clear, and only a few blood cells were found in the central venous tube. The number of hepatocytes in the model control group was significantly reduced, and the volume and nucleus of hepatocytes were significantly increased. There were different sizes of fat vacuoles in hepatocytes and some fused into large vacuoles showed fatty degeneration. The hepatic cord was obviously disordered, and the hepatic sinusoids were less and smaller, and the central venous tube was obviously hyperemia. The number of liver cells in simvastatin group and *Blumea Megacephala* low concentration group was not significantly reduced, and the volume and nucleus of liver cells were slightly increased. The degree of steatosis in liver cells was significantly less than that in model control group. The hepatic cord was disordered, and the hepatic sinusoid was visible. There was no congestion in the central venous tube. The number, volume and nucleus of hepatocytes in the middle concentration group and high concentration group of *Baihuajuliming* were not significantly different from those of the normal control group. There was no obvious fat vacuole in hepatocytes. The hepatic cords were arranged regularly, the hepatic sinusoids were clear, and the central venous catheter were not hyperemia. The structure of the medium concentration group was closer to the normal control group than the low concentration group. Structure and morphology of *Blumea Megacephala* high concentration group were similar to normal control group. **Conclusion** High fat diet can lead to hyperlipidemia and fatty degeneration of liver cells, endangering liver tissue structure and function. *Blumea Megacephala* can reduce blood lipid, promote protein synthesis, and maintain the structure and function of liver tissue. The protective effect of high concentration of *Blumea Megacephala* on fatty liver is better than that of simvastatin.

Key words: *Blumea Megacephala*; Fatty liver; Intervention; Protection; Mice

壮药白花九里明[*Blumea Megacephala* (Randeria)]为菊科植物,民族药物记载其在壮族民间常用于治疗跌打肿痛、风湿骨痛、月经不调、产后流血等症候^[1-2]。脂肪肝已成为现代社会中最普遍的一种肝脏疾病,由于摄入过多脂肪妨碍机体的能量代谢和物质代谢,会引发身体多种疾病,如肝硬化、肥胖症、高血压、冠心病、动脉硬化等,严重危害人们的身体健康甚至生命安全^[3-5]。近年来,有研究发现,白花九里明具有抑制心收缩力、增强小肠运动、保护肝脏、降低血压、促凝止血、抗炎镇痛等作用^[6-11]。目前,针对白花九里明对高脂摄食和脂肪肝影响的相关研究国内外鲜有报道。基于此,本研究采用猪油给予小鼠灌胃^[12]制造高脂摄食诱导脂肪肝模型,按白花九里明壮族民间口服用量和临床降血脂药物辛伐他汀用量换算为小鼠用量^[1,13-14],给予脂肪肝模型小鼠灌胃,检

测血脂、转氨酶含量并分析肝组织结构,探讨白花九里明对高脂诱导脂肪肝的干预保护作用,旨在为白花九里明的开发利用提供实验依据,现报道如下。

1 材料与方法

1.1 实验动物 健康KM小鼠60只,雌雄各30只,体质量25~30g,由右江民族医学院动物实验中心提供(实验动物生产许可证:SCXK桂2017-0003,实验动物使用许可证:SYXK桂2017-0004)。

1.2 药材、药品和仪器 白花九里明采自广西百色市,晒干备用。辛伐他汀(浙江京新药业股份有限公司,批准文号:A1811291);0.9%氯化钠注射液(广西裕源药业有限公司,批准文号:L18091604);甲醛(烟台市双双化工有限公司,批准文号:20180301);TG测试盒、TP定量测试盒、ALT测试盒(南京建

成生物工程研究所,批准文号:20190420、20190421、20190418);多功能酶标仪(上壹桥国际贸易有限公司,型号:Tristar Lb941);数码显微镜(麦克奥迪实业集团有限公司,型号:BA2100igital);高速离心机(上海安亭科学仪器厂,型号:TGL-16G);电子天平(诸暨市超泽衡器设备有限公司,型号:JM-B1003);三用恒温水箱(金坛市医疗仪器厂,型号:HH-W600)。

1.3 方法

1.3.1 白花九里明提取液制备 取白花九里明干草 400 g,用 30 °C 温水 4 000 mL 浸泡 4 h,文火煮沸 1 h,16 层纱布过滤,滤液隔水文火浓缩至 400 mL,提取液浓度为 1 g/mL,冷却放冰箱 4 °C 保存,用时双蒸水配制成 0.2、0.4、0.8 g/mL 的白花九里明提取液。

1.3.2 猪油制备 于百色市东风市场购猪板油 1 000 g,文火加热提炼猪油 586 g/578 mL,猪油密度为 1.013 8 g/mL,冷却放冰箱 4 °C 保存,用时隔水加热融化。

1.3.3 动物分组与给药方法 60 只小鼠随机分为正常对照组,模型对照组,辛伐他汀组,白花九里明低浓度组、白花九里明中浓度组和白花九里明高浓度组,每组 10 只。各组小鼠每天灌胃 2 次:正常对照组给予 0.9% 氯化钠溶液灌胃,其他组给予 1.013 8 g/mL 猪油灌胃;正常对照组和模型对照组给予 0.9% 氯化钠溶液灌胃,辛伐他汀组给予 0.3 mg/mL 辛伐他汀灌胃,白花九里明低浓度组、中浓度组、高浓度组分别给予 0.2、0.4、0.8 g/mL 白花九里明提取液灌胃;2 次灌胃间隔 20 min,灌胃量均按小鼠体质量计算(10 mL/kg),连续 5 周。

1.3.4 血清甘油三酯(TG)、总蛋白(TP)、谷丙转氨酶(ALT)含量检测 在末次灌胃后禁食 12 h、禁水 2 h 摘除眼球取血

分离血清,分别用 TG 试剂盒、TP 定量测试盒、ALT 测试盒,按说明书进行操作,用酶标仪检测血清 TG、TP、ALT 含量。

1.3.5 肝组织切片观察 分离肝右叶浸泡于 10% 甲醛固定液 24 h,经脱水、石蜡包埋、HE 染色法制成肝组织切片,通过数码显微镜观察肝组织结构并摄影。

1.4 观察指标 比较各组小鼠血清 TG、TP、ALT 指标;比较各组小鼠肝组织切片结果。

1.5 统计学方法 采用 SPSS 16.0 统计软件进行数据分析,计量资料以“ $\bar{x} \pm s$ ”表示,比较采用 *t* 检验,以 $P < 0.05$ 为差异有统计学意义。

2 结果

2.1 各组血清 TG、TP、ALT 含量比较 模型对照组 TG 明显高于其他各组 ($P < 0.05$),白花九里明低浓度组、中浓度组 TG 明显高于正常对照组 ($P < 0.05$),白花九里明高浓度组 TG 明显低于白花九里明低浓度组 ($P < 0.05$),白花九里明高浓度组、辛伐他汀组、正常对照组 TG 组间两两比较差异无统计学意义;模型对照组、辛伐他汀组、正常对照组 TP 组间两两比较差异无统计学意义。白花九里明低浓度组、中浓度组、高浓度组 TP 明显高于辛伐他汀组 ($P < 0.05$),白花九里明低浓度组 TP 与正常对照组比较差异无统计学意义,白花九里明中浓度组、高浓度组 TP 明显高于正常对照组 ($P < 0.05$),白花九里明中浓度组、高浓度组 TP 组间比较差异无统计学意义;模型对照组 ALT 明显高于正常对照组 ($P < 0.05$),辛伐他汀组 ALT 与正常对照组比较差异无统计学意义,但明显低于模型对照组 ($P < 0.05$),白花九里明低浓度组、中浓度组、高浓度组 ALT 组间两两比较差异无统计学意义,但明显低于正常对照组、模型对照组、辛伐他汀组 ($P < 0.05$),见表 1。

表 1 各组血清 TG、TP、ALT 含量比较($\bar{x} \pm s$)

Table 1 Comparison of serum TG, TP, ALT contents in each group ($\bar{x} \pm s$)

组别	TG(mmol/L)	TP(g/L)	ALT(U/L)
正常对照组(n=10)	1.37 ± 0.20	104.11 ± 23.00	18.19 ± 6.32
模型对照组(n=10)	2.25 ± 0.40 ^b	114.65 ± 20.32	25.39 ± 6.77 ^a
辛伐他汀组(n=10)	1.49 ± 0.29 ^d	100.81 ± 23.73	17.94 ± 6.94 ^c
白花九里明低浓度组(n=10)	1.80 ± 0.45 ^{ac}	125.03 ± 27.92 ^e	11.07 ± 3.13 ^{bdf}
白花九里明中浓度组(n=10)	1.68 ± 0.23 ^{ad}	135.51 ± 33.99 ^{bf}	10.13 ± 5.70 ^{bdf}
白花九里明高浓度组(n=10)	1.44 ± 0.24 ^{de}	133.64 ± 20.88 ^{af}	7.85 ± 2.28 ^{bdf}

注: TG, 甘油三酯; TP, 总蛋白; ALT, 谷丙转氨酶。与正常对照组比较, ^a $P < 0.05$, ^b $P < 0.01$; 与模型对照组比较, ^c $P < 0.05$, ^d $P < 0.01$; 与辛伐他汀组比较, ^e $P < 0.05$, ^f $P < 0.01$; 与白花九里明低浓度组比较, ^g $P < 0.05$

2.2 各组小鼠肝组织切片结果比较 正常对照组肝细胞形态结构清晰正常、肝索排列规则、肝血窦清晰、中央静脉管内仅见少许血细胞;模型对照组肝细胞数量明显减少、体积及胞核明显增大,肝细胞内出现大小不等的脂肪空泡并有些融合成大空泡呈现脂肪变性,肝索明显紊乱,肝血窦少而小,中央静脉管明显充血;辛伐他汀组、白花九里明低浓度组的肝细胞数量无明显减少、体积及胞核稍增大,肝细胞内脂肪空

泡呈现脂肪变性程度明显小于模型对照组,肝索排列紊乱,肝血窦明显可见,中央静脉管未见充血;白花九里明中浓度组、高浓度组肝细胞数量、体积和胞核与正常对照组比较无明显差异,肝细胞内无明显脂肪空泡,肝索排列较规则,肝血窦清晰,中央静脉管不充血;白花九里明中浓度组结构形态比低浓度组更接近正常对照组;白花九里明高浓度组结构形态明显与正常对照组相似,见图 1~2。

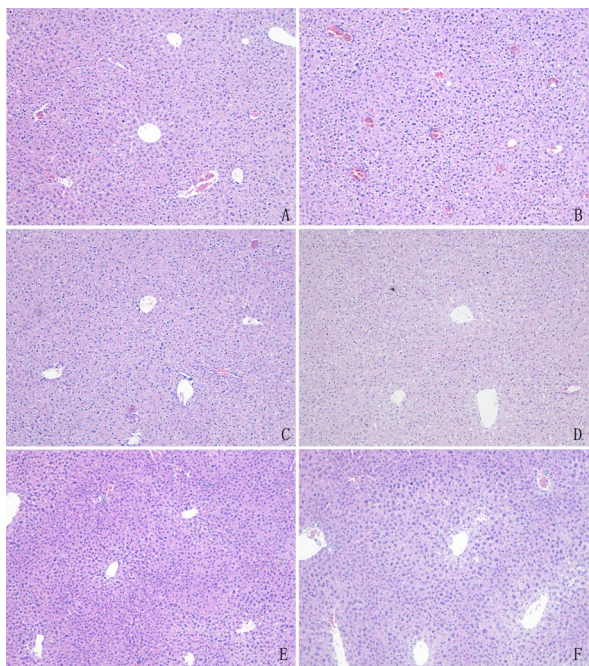


图1 各组小鼠肝组织切片HE染色结果(×100)

Figure 1 HE staining results of liver tissue sections of mice in each group (×100)

注:A,正常对照组;B,模型对照组;C,辛伐他汀组;D,白花九里明低浓度组;E,白花九里明中浓度组;F,白花九里明高浓度组

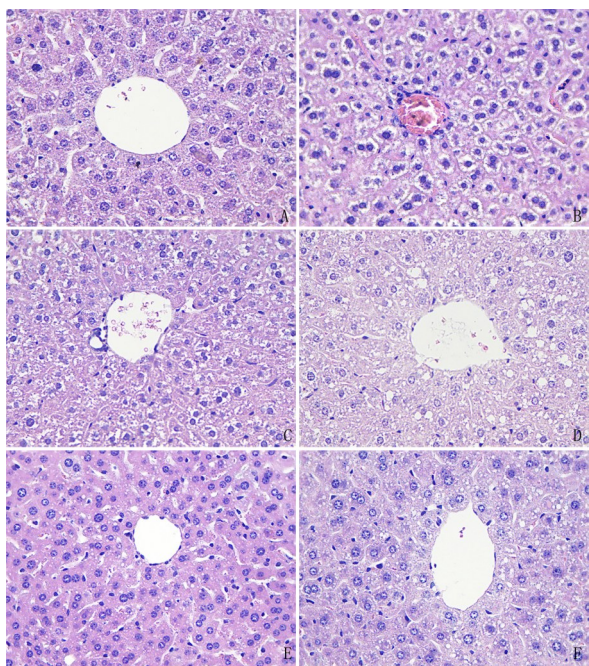


图2 各组小鼠肝组织切片HE染色结果(×400)

Figure 2 HE staining results of liver tissue sections of mice in each group (×400)

注:A,正常对照组;B,模型对照组;C,辛伐他汀组;D,白花九里明低浓度组;E,白花九里明中浓度组;F,白花九里明高浓度组

3 讨论

脂肪在机体内的主要功能是储存和供给能量,肝脏在脂肪的摄取、转运、代谢中发挥重要作用,TG是机体脂肪代谢

的主要产物,肝细胞摄取TG进行氧化分解同时释放能量供机体利用,当机体摄取脂肪过多可使血中TG升高,临床上将血中TG含量作为判断高脂血症的敏感指标;ALT为胞内酶存在于肝细胞内参与蛋白质合成,当肝细胞膜受损可使血中ALT升高,临床上检测血中ALT升高用于判断肝功能损害及程度的敏感指标^[5,15]。本研究用富含脂肪的猪油给小鼠灌胃制造高脂摄食诱导脂肪肝模型,探讨白花九里明在脂肪肝模型中对肝脏的干预性保护作用。

本研究结果显示,模型对照组血清TG、ALT明显高于正常对照组($P<0.05$);正常对照组肝细胞形态结构清晰正常,肝索排列规则,肝血窦清晰,中央静脉管内仅见少许血细胞;模型对照组肝细胞数量明显减少、体积及胞核明显增大,肝细胞内出现大小不一的脂肪空泡并部分融合成大空泡呈现脂肪变性,肝索明显紊乱,肝血窦变少而模糊,中央静脉管明显充血。提示高脂摄食呈现高脂血症、肝细胞脂肪变性、肝细胞膜受损;说明脂肪肝造模成功,高脂摄食可导致高脂血症、脂肪肝,损害肝组织结构和功能。

本研究结果还显示,辛伐他汀组血清TG、ALT明显低于模型对照组($P<0.05$),但与正常对照组比较差异无统计学意义,肝细胞数量无明显减少、体积及胞核稍增大,肝细胞内脂肪空泡呈现脂肪变性程度明显小于模型对照组,肝索排列紊乱,肝血窦明显可见,中央静脉管不充血。提示辛伐他汀能改善高脂摄食导致的高脂血症、肝细胞脂肪变性、肝细胞膜受损。说明本研究所用的小鼠对降血脂药物有正常反应,辛伐他汀有降血脂的作用,可减轻高脂对肝组织损伤并维持肝细胞膜完整性,对肝脏有一定的保护作用。

本研究结果还显示,①白花九里明低浓度组、中浓度组、高浓度组血清TG明显低于模型对照组($P<0.05$),白花九里明低浓度组、中浓度组TG明显高于正常对照组($P<0.05$),白花九里明中浓度组TG与白花九里明低浓度组、高浓度组和辛伐他汀组比较差异无统计学意义,白花九里明高浓度组TG明显低于白花九里明低浓度组($P<0.05$),但与正常对照组和辛伐他汀组比较差异无统计学意义。提示白花九里明能改善高脂摄食导致的高脂血症,该作用存在量效正相关。②白花九里明中浓度组、高浓度组血清TP明显高于正常对照组($P<0.05$),白花九里明低浓度组、模型对照组、正常对照组血清TP两两比较差异无统计学意义,白花九里明低浓度组、中浓度组、高浓度组血清TP显高于辛伐他汀组($P<0.05$)。提示白花九里明有提高血清蛋白含量的作用。③模型对照组血清ALT明显高于正常对照组($P<0.05$),白花九里明低浓度组、中浓度组、高浓度组血清ALT明显低于模型对照组和正常对照组($P<0.05$)。提示白花九里明可明显降低血清ALT,肝细胞膜未受损。④白花九里明低浓度组肝细胞数量无明显减少,体积及胞核稍增大,肝细胞内脂肪空泡呈现脂肪变性程度明显小于模型对照组,肝索排列

紊乱,肝血窦明显可见,中央静脉管不充血;白花九里明中浓度组、高浓度组肝细胞数量、体积和胞核与正常对照组比较无明显差异,肝细胞内无明显的脂肪空泡,肝索排列较规则,肝血窦清晰,中央静脉管不充血;白花九里明中浓度组的结构形态比低浓度组更接近正常对照组;白花九里明高浓度组结构形态明显与正常对照组相似。提示白花九里明可干预高脂摄食诱导的肝细胞脂肪变性,保护肝细胞正常形态和大小。上述结果说明白花九里明能降血脂,促进蛋白质合成,防止高脂对肝组织损伤,维护肝细胞正常形态、大小和功能,从而起到保护肝脏的作用,作用存在量效正相关。

综上所述,高脂摄食可导致高脂血症、脂肪肝、损害肝组织结构和功能;辛伐他汀能降血脂,减轻高脂对肝组织损伤;白花九里明能降血脂,促进蛋白质合成,防止脂肪肝形成,维护肝细胞膜完整性和肝细胞的形态、大小和功能,白花九里明中浓度、高浓度的护肝作用明显优于辛伐他汀。脂肪肝是指肝细胞脂肪变性或坏死,肝细胞脂肪变性会导致线粒体功能受损,造成肝细胞对脂质代谢的能力降低,并引起机体过氧化反应和丙二醛(MDA)含量增多致使肝细胞损害。白花九里明可通过减少肝细胞MDA生成,阻断肝细胞的脂质过氧化反应,具有护肝作用^[3-5,8,16-17];同时,本研究结果证实,白花九里明具有降血脂、防止脂肪肝、维护肝组织结构和功能作用。

参考文献

- [1] 广西卫生厅. 广西本草选编(上册)[M]. 南宁:广西人民出版社,1974:924-925.
- [2] 贾敏如,李星炜. 中国民族药志要[M]. 北京:中国医药科技出版社,2005:99.
- [3] Yang KT, Lin C, Liu CW, et al. Effects of chicken-liver hydrolysates on lipid metabolism in a high-fat diet[J]. Food Chemistry, 2014,160(11):148-156.
- [4] Cao HX, Fan JG. Fatty liver disease: a growing public health problem worldwide[J]. Journal of Digestive Diseases, 2011,12(1):1-2.
- [5] 黄忠仕,翟静,李惠芳,等. 生物化学[M]. 南京:江苏凤凰科学技术出版社,2015:110-112,146-147.
- [6] 王杉,青桂玲,潘海涛,等. 白花九里明提取液对蟾蜍离体灌流蛙心收缩力和心率的影响[J]. 中外医学研究,2012,10(4):3-4.
- [7] 刘桂彪,钟兴隆,范琰华,等. 壮药白花九里明提取液对小鼠胃肠运动和血清NO浓度的影响[J]. 世界华人消化杂志,2015,23(15):2415-2419.
- [8] 刘桂彪,张铭锋,申璐,等. 白花九里明对急性肝损伤小鼠的保护作用及机制[J]. 山东医药,2016,56(41):14-17.
- [9] 王彩冰,赵善民,何显教,等. 白花九里明提取液对小鼠血压、心率和血清一氧化氮、内皮素-1浓度的影响[J]. 广东医学,2015,36(6):825-827.
- [10] 王杉,青桂玲,韦颖,等. 白花九里明提取液对小鼠出血时间、凝血时间和血小板数量的影响[J]. 广东医学,2012,33(9):1228-1230.
- [11] 申璐,刘桂彪,黄文飞,等. 白花九里明镇痛和抗炎效果的实验研究[J]. 当代医学,2018,24(6):1-3.
- [12] 王吉,黄海滨,周慧娟,等. 玉米油与猪油1:1调和油对小鼠血脂、肝功能及肝脏抗氧化能力的影响[J]. 食品科学,2017,38(5):257-261.
- [13] 陈新谦,金有豫,汤光. 新编药理学[M]. 17版. 北京:人民卫生出版社,2011:419.
- [14] 陈世民,莫燕娜,赵善民,等. 实验生理科学[M]. 上海:上海科学技术出版社,2011:75.
- [15] 王庭槐,罗自强,沈霖霖,等. 生理学[M]. 9版. 北京:人民卫生出版社,2018:69-76.
- [16] Wei Y, Rector RS, Thyfault JP, et al. Nonalcoholic fatty liver disease and mitochondrial dysfunction[J]. World Journal of Gastroenterology, 2008,14(2):193-199.
- [17] Lieber CS, Leo MA, Mak KM, et al. Model of nonalcoholic steatohepatitis[J]. Am J Clin Nutr, 2004,79(3):502-509.