

### 氢对肝缺血再灌注损伤的作用

 Inhalation of hydrogen gas suppresses hepatic injury caused by ischemia/reperfusion through reducing oxidative stress.Biochemical and Biophysical Research Communications 361 (2007) 670–674

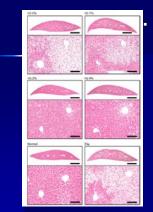


Fig. 1. Suppression of I/R injury by inhaling hydrogen gas. Under anesthetic gas, mice were subjected to a 90-min ischemic insult, followed by 180-min reperfusion. Ischemic livers were removed for fixing. Paraffin sections were prepared and subjected to HE staining. For mice to inhale hydrogen gas, hydrogen gas was supplied to the anesthetic gas 10 min before reperfusion and continued to be supplied until the end of reperfusion. Instead of hydrogen gas, helium gas (4%) was also inhaled by mice. Representative pictures are shown. Scale bar: 2 mm (upper panels) and 100 lm (lower panels).

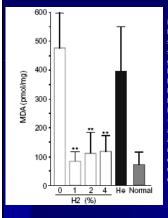
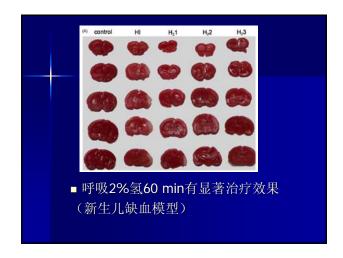
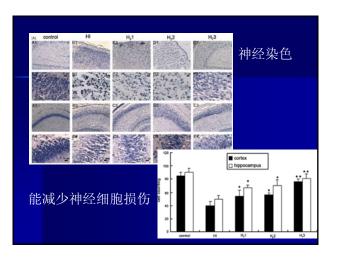
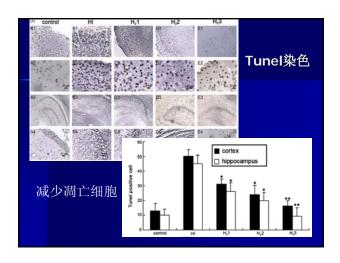


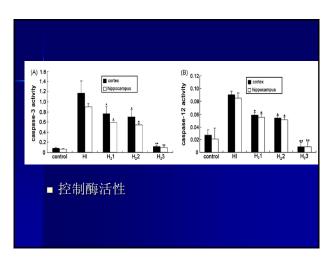
Fig. 4. Hydrogen gas significantly decreased levels of hepatic MDA, a marker of oxidative stress. Mice (n = 6 each group) were subjected to 1/R with or without hydrogen gas. Ischemic livers were removed and homogenized in the presence of butylated hydroxytoluene. After centrifugation, free MDA in the supernatant was determined. Mice (n = 6) treated with helium gas (4%) instead of hydrogen gas and normal mice (without any treatment; n = 6) were also analyzed. Free MDA levels were normalized against protein contents in supernatants. The mean is presented with the standard deviation. Statistical analysis was performed using one-way ANOVA. \*\*P < 0.0001, compared with 0% H2 gas.



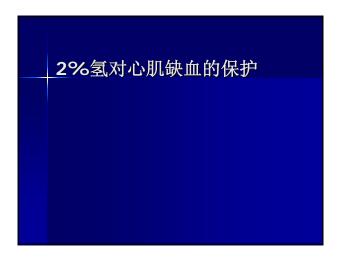


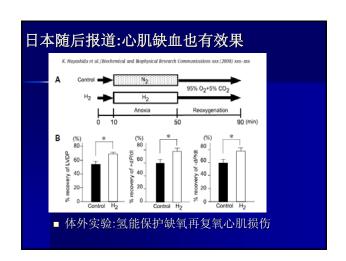


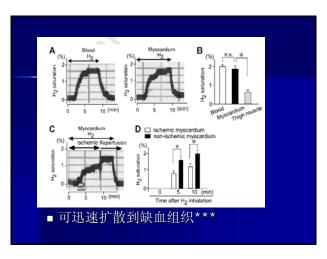


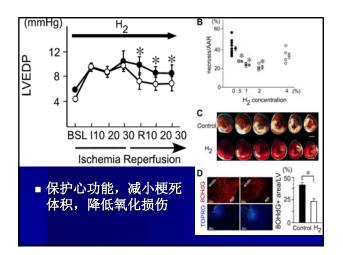


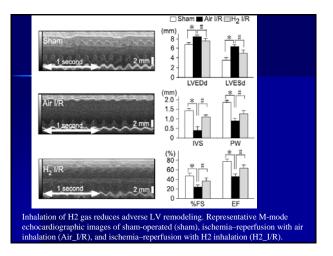
# I 前该论文或被引用8次 1. Chsawa I, Nishimaki K, Yamagata K, et al. Consumption of hydrogen water prevents a herosclerosis in apolipoprotein E knockout mice Blochem Blophys Res Commun, 2008: 174195-8 2. Onta S. Hydrogen gas and hydrogen water act as a therapeutic and preventive antioxidant with a novel concept Nippon Ronen Igakkai Zasshi. 2008:45:385-62. 3. Cai JM, Kang ZM, Liu K, et al. Neuroprotective effects of hydrogen saline in neonatal hypoxilaschemia rat model. Brain Res. 2009;1256:129-37 4. Taniquichi H, Andreasson K. The hypoxic-ischemic encephalopathy model of perinatal ischemia. J Vis Exp. 2008 in press 5. Nakashima-Kamimura N, Mori T, Ohsawa I, et al. Molecular hydrogen alleviates nephrotoxicity induced by an anti-cancer drug cisplatin without compromising anti-tumor activity in mice. Cancer Chemother Pharmacol. 2009 in press 6. Matchett GA, Fathali N, Hasegawa Y, et al. Hydrogen gas is ineffective in moderate and severe neonatal hypoxia-ischemia rat models, Brain Res. 2009 in press 7. Fu Y, Ito M, Fujita Y, et al. Molecular hydrogen is protective against 6-hydroxydopamine-induced nigrostriatal degeneration in a rat model of Parkinson's disease. Neurosci lett. 2009 in press 8. Mao YF, Zheng XF, Cai JM, et al. Hydrogen-rich saline reduces lung injury induced by intestinal ischemia/reperfusion in rats. Biochem Biophys Res Commun. 2009 in press





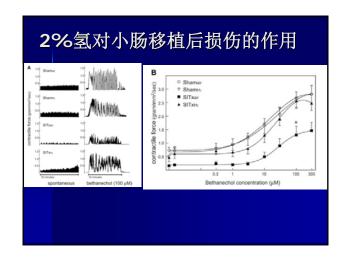


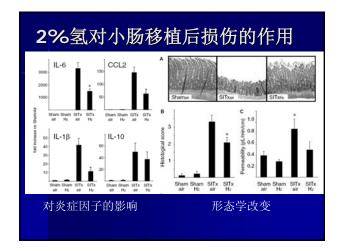


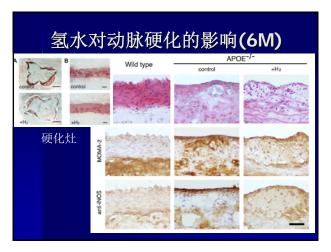


Gas inhalation as disease therapy has received recent interest. There are three endogenous gas signaling molecules, known as gasotransmitters, include nitric oxide (NO), carbon monoxide (CO), and hydrogen sulfate (H<sub>2</sub>S). The increased production of these gases under stress conditions may reflect the active involvement of these gases in the protective response. In pre-clinical experimental models of disease, including ischemia-reperfusion injury, the inhalation of exogenous CO or H<sub>2</sub>S has produced a favorable outcome for most vital organs [19–22]. However, the inherent toxicity of these gases must be investigated for gas inhalation to be considered an effective therapeutic strategy. It is unknown if the therapeutically effective threshold for CO or H<sub>2</sub>S can be attained locally in target organs without delivering a potentially toxic level of the gasses via the lungs.

■ 大量研究表明,NO、CO、H<sub>2</sub>S都是气体信号分子,具有保护作用,但他们都是毒性很强的分子。 氢就不一样了,无毒而且有效!

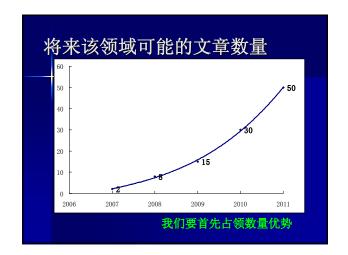


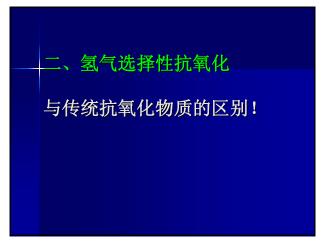




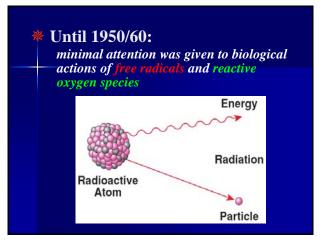
### 饮用氢水8周对患者血糖和胰岛素的影响 5.82 5.66 11.32 11.55 8.66 6.72 5.61 5.44 12.6 12.6 9.05 8.05 29.4 47.4 10.29 9.88 93.0 291.6 8.94 6.16 0.05 6.05 5.82 62.4 57.0 9.60 9.83 256.4 307.8 10.66 10.32 8.33 7.05 0.51 10.10 12.82 10.66 8.49 $0.30 \\ 0.37$

### 目前进展总体情况 证明氢气可治疗:脑缺血、肝缺血、 心肌缺血和小肠移植、应激后神经损伤、 动脉硬化和糖尿病氧化损伤。 该领域目前发表的文章共15篇,其中 日本发表9篇,美国1篇,我们发表4篇。

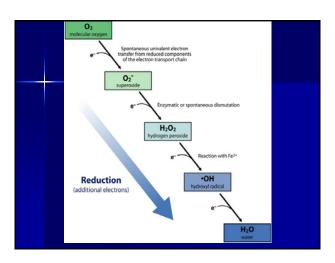




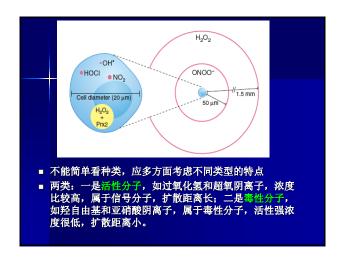


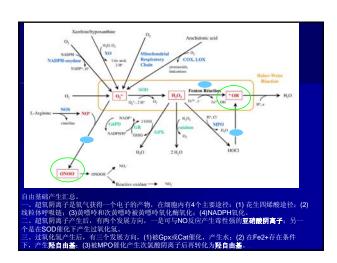


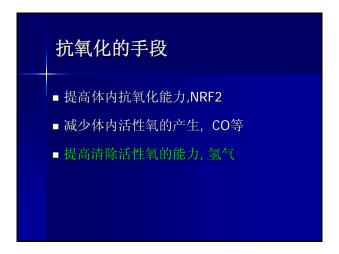




| Half-life of some reactive species                    |  |   |   |  |  |  |  |  |  |
|---|--|---|---|--|--|--|--|--|--|
| Re  | active species   | Н   |   | Physiol conc.  |  |  |  |  |  |
| Alco<br>Sing<br>Pero<br>Pero<br>Nitrio<br>Sem<br>Hydr | oxyl radical (*OH) xyl radical (RO*) let oxygen (*O <sub>2</sub> ) xynitrite anion (O xyl radical (ROO*) c oxide (*NO) iquinone radical ogen peroxide (H croxide anion (O <sub>2</sub> * ochlorous acid (H | minu<br>spontar<br>(accelerat<br>spontar<br>(by SOD | 10-9<br>10-6<br>10-5<br>05 – 1.0<br>7<br>1 - 10<br>ites/hours/c<br>ed by enzy<br>1. hours/c<br>2 accel. to 1<br>n substra | days 10 <sup>-9</sup> - 10 <sup>-7</sup><br>mes)<br>days 10 <sup>-12</sup> - 10 <sup>-11</sup> |  |  |  |  |  |





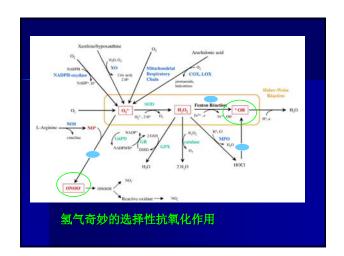


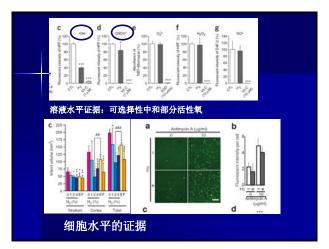
### 为什么传统的抗氧化无效?

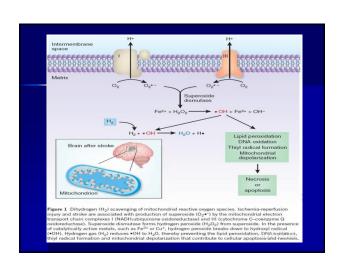
- 还原性太强, 敌友不分
- 分子量大,不能自由扩散到任何位置
- 相对浓度低,无法中和毒性强的活性氧
- 有些属于外源性物质,相容性不够
- 不容易降解,影响正常细胞功能

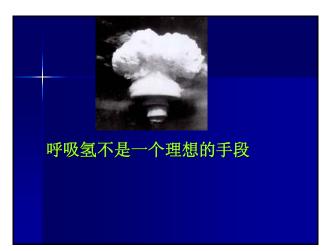
### 抗氧化的最佳选择: 氢气

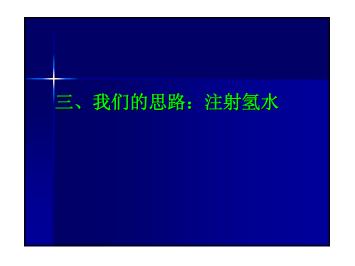
- 还原性相对低,不影响信号类活性氧
- 分子量低,可自由扩散到细胞的任何位置
- 相对浓度高,可中和低浓度毒性活性氧
- 内源性物质,组织相容性强
- 释放快。





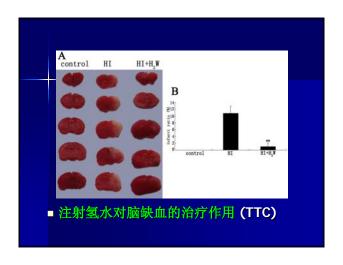


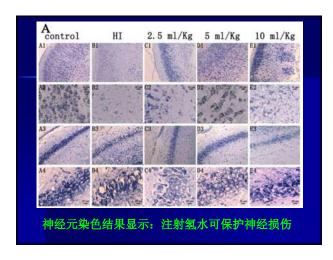


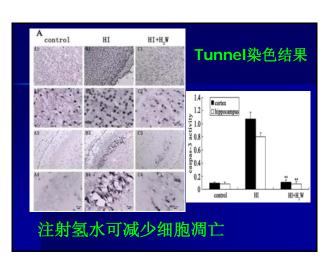


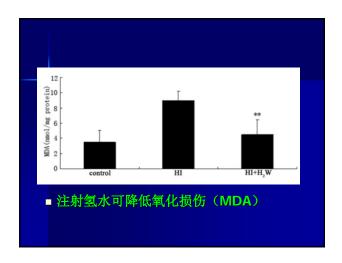
### 是否可行? ■ 呼吸2%,溶解在血液中的水平最高只能溶解2%分压的水平。 ■ 如果先将100%的氢溶解在液体中(饱和),则只需要注射1/50体液的溶液。 ■ 饮用饱和氢水也有一定作用。

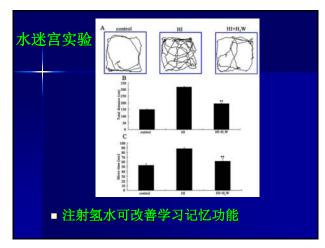
对新生大鼠脑缺血缺氧性 脑损伤的治疗作用

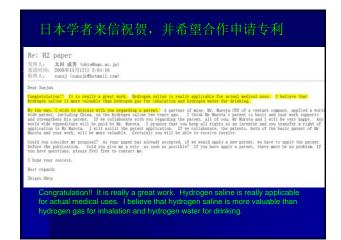


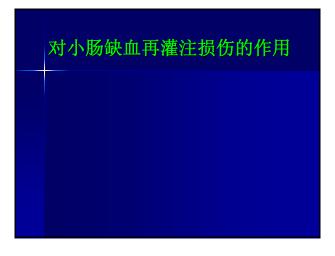


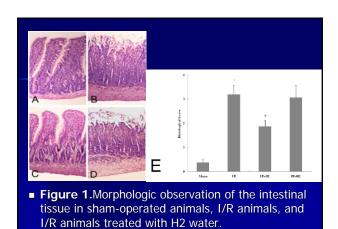


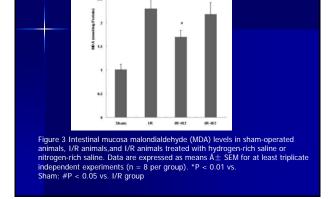




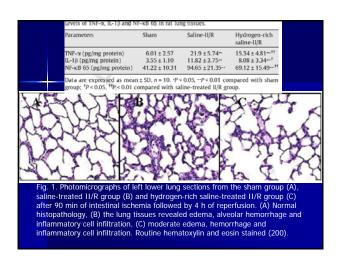


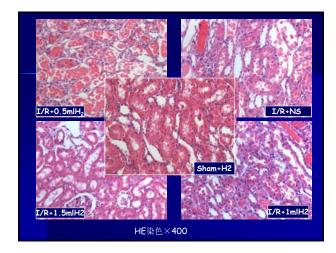


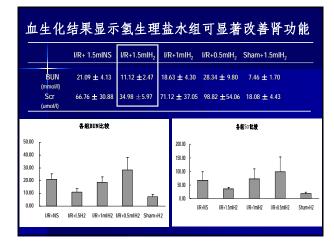




|                                      |   | -α, IL-1β and IL-€<br>ed with hydroger           |  |   | ated animals, I/R<br>line.                            | animals,  |  |
|--------------------------------------|---|--|--|---|---|---|--|
|                                      |   | TNF-α  | IL-1β  |   | IL-6  |   |  |
| Sham                                 |   | 21.6 ± 5.0                                       | 9.1 ± 2.4  |   | 30.7 ± 4.5  |   |  |
| l/R                                  |   | 137.2 ± 26.0 *                                   | 37.6 ±   | 37.6 ± 5.8 *  |   | 134.3 ± 18.0 *  |  |
| l/R+H₂                               |   | 75.7 ± 10.8 #                                    | 22.8 ±   | 22.8 ± 2.9 #  |   | 82.5 ± 13.3 #   |  |
| l/R+N <sub>2</sub>                   |   | 127.9 ± 16.3                                     | 41.3 ± 5.5   |   | 141.2 ± 22.1  |   |  |
|                                      | oup). *P < 0.01                               | vs. Sham; #P <                                   |  |   | ent experiments                                       | (n = 8  |  |
| eters                                | Sham  |  | Saline-II/R  |   | Hydrogen-rich saline-II/R                             |   |  |
|                                      | Baseline                                      | L/R  | Baseline   | I/R   | Baseline  | I/R   |  |
| mm Hg)<br>(%)<br>(mm Hg)<br>(mmol/L) | 96.7±4.3<br>95.4±2.7<br>41.3 ±5.2<br>24.5±4.7 | 96.2 ±5.9<br>94.9 ±2.5<br>43.2 ±5.7<br>21.4 ±5.3 | 97.3 ± 6.4<br>97.0 ± 2.0<br>41.2 ± 3.5<br>24.1 ± 4.9 | 83.5 ± 11.9 <sup>-1</sup><br>95.7 ± 3.4<br>37.6 ± 4.3<br>14.3 ± 4.2 <sup>-1</sup> | 97.2 ± 10.1<br>94.5 ± 2.9<br>39.3 ± 5.0<br>24.7 ± 4.4 | 89.8 ± 13.1*<br>96.2 ± 2.5<br>38.3 ± 7.1<br>17.8 ± 3.6* |  |







四、有关思考

1、内源性氢的作用
■ 体内含有一定水平的氢
■ 体内氢水平可达到抗氧化水平
■ 需要直接证据
■ 文章发表在校学报2008.3

### 2、电针和直流电

■ 电流可使组织电解,产生氢气,其作用 机制是否与氢有关?值得关注。

### 3、具体机制

- 选择性抗氧化证据不足,特别是在体证 据不足,是目前的主要问题。
- 可能的情况是: 相对选择性



# 小结● 奇:能清除自由基!● 妙:治疗疾病很有效!● 绝:潜在应用范围广泛!意义重大,不可忽视

### 我们发表的有关氢的论文 1. Sun XJ, Zhang JH. Hydrogen-- an endogenous antioxidant in the body. 第二军 大学学报. 2008; 29:233-235. 2. Cai JM, Kang ZM, Liu K, et al. Neuroprotective effects of hydrogen saline in neonatal hypoxia-ischemia rat model. Brain Res. 2009;1256:129-37 3. Cai JM, Kang ZM, Liu WW, et al. Hydrogen therapy reduces apoptosis in neonatal hypoxia-ischemia rat model. Neurosci lett 2008,441(2):167-72. 4. Zheng XF, Mao YF, Cai JM, et al. Hydrogen-Rich Saline Protects against Intestinal Ischemia/Reperfusion Injury in Rats. Free Radical Res. 2009 in press 5. Matchett GA, Fathali N, Hasegawa Y, et al. Hydrogen gas is ineffective in moderate and severe neonatal hypoxia-ischemia rat models. Brain Res. 2009 in press 6. Mao YF, Zheng XF, Cai JM, et al. Hydrogen-rich saline reduces lung injury induced by intestinal ischemia/reperfusion in rats. Biochem Biophys Res Commun.2009 in press

