

## 基于微囊化技术的益生菌功能性评价研究进展

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**摘要** 为解决益生菌产品在胃肠液中裸菌存活率低,活菌数不够,性能不理想的问题,近年来微囊化技术被广泛研究并逐渐运用于商业益生菌产品。本文主要介绍目前基于微囊化益生菌产品近年来在体内外的功能性评价研究,包括体外试验探究微囊化益生菌的存活、释放、黏附和抗菌等功能特性,以及体内试验探究益生菌存活、黏附、定植、抗腹泻、抗菌、抗炎、抗氧化、调控代谢综合征等功能特性,为后续进一步开发对人体有效的益生菌产品提供一定的指导。

**关键词** 益生菌; 微囊化; 体外; 体内; 功能性

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“益生菌”一词源于拉丁语“pro”和希腊语“biotikos”,被世卫组织定义为“足量施用时会赋予宿主健康益处的活体微生物”<sup>[1]</sup>。适量摄入益生菌可以预防或辅助治疗疾病,益生效果则因菌株种类而异,因此在投入商业应用时,通常需要经过属种水平、菌株水平的鉴定,临床使用安全性评估、肠道环境适应性评价、产品有效成分检测等步骤。为了产生足够的生物效应,临床上通常规定人类每天需服用约  $10^8\sim 10^{10}$  CFU 的益生菌才能达到理想的益生效果<sup>[2]</sup>。随着近年来食品加工技术的发展,保持益生菌菌株活力的策略也从单纯增加产品中益生菌活菌的绝对数量向提升益生菌存活率,即益生菌微囊化的方向研究和发展的。

最早的益生菌产品通常以活体或冻干状态施用。然而,这类状态的菌株在胃肠道环境下的存活率(在包括胃肠道酸性、碱性和胆盐的环境中存活细菌的百分比)通常较低<sup>[3-5]</sup>。不同种类的益生菌对人体胃肠道环境的耐受性不同,较早的研究显示到达盲肠的游离双歧杆菌存活率可达到 30%,而游离嗜酸乳杆菌的存活率仅有 10%<sup>[6]</sup>。第 1 代益生菌产品的保质期也很有限,通常在发酵乳制品中的益生菌维持人体摄入所需的有效活菌数时间仅有 2~3 周<sup>[7-9]</sup>。

由于上述的弊端,搭载微囊化技术的新一代

益生菌产品应运而生。将聚合物材料包埋益生菌制备成单层或多层外壳封装的微胶囊产品,或将益生菌混合在类似骨架构造的聚合物基质中,制备成内外布局均匀的微球产品<sup>[10]</sup>,这些产品通过合适的加工技术来提高益生菌胃肠道存活率<sup>[11]</sup>,提升生物利用度<sup>[12]</sup>,减少细菌原料浪费<sup>[13]</sup>和调节释放速度<sup>[14]</sup>。学者们通常使用具有物理屏障功能的多糖和具有化学屏障功能的蛋白质充当微胶囊或微球的基质结构,采用二价阳离子结合海藻酸盐、黄原胶、卡拉胶、阿拉伯胶、结冷胶、果胶、乳蛋白、豆类蛋白等多种材料组合形成交联结构,使用壳聚糖、聚赖氨酸、乳清蛋白等材料构建外部涂层达到改性和强化产品综合性能的目的<sup>[15-17]</sup>。初步设计生产出产品后,学者们便会开始使用适当的试验来评估微囊化益生菌产品的功能特性。本文介绍近年来微囊化益生菌的体内外功能性试验研究进展,以指导微囊化益生菌产品的开发评估。

### 1 体外试验

#### 1.1 存活

当学者们人工设计配方和使用不同加工技术制备出微囊化益生菌产品后,亟待测定的就是微胶囊或微球产品对益生菌的实际保护效果。通常采用特定的方法对微囊化益生菌的存活率进行测定,来判断配方中不同的添加剂和微囊化材料在特定环境下的功能性。试验基于不同评价目标来设计并检测微囊化益生菌产品,在诸如不同干燥工艺、热处理、食品储存基质种类、氧化压力、炎症

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压力、模拟胃肠道消化等特定条件下产品的稳定性。设计优良的微囊化配方可以获得较为理想的益生菌保护效果。例如,使用海藻酸钠、阿布扎比单峰骆驼奶提取的酪蛋白和骆驼皮提取的明胶共同制备的异质蛋白偶联型微胶囊,可以使益生菌对体外模拟胃肠消化和热应激的耐受性显著强于单种材料制备的微囊化产品,并且相对裸菌而言,可进一步提高鼠李糖乳杆菌、戊糖乳杆菌和副干酪乳杆菌的封装率<sup>[18]</sup>。有学者通过湿热法和喷雾干燥法将乳清蛋白分离物和低聚木糖反应产生的美拉德反应产物,作为性能强化壁材来制备微囊化鼠李糖乳杆菌产品,该产品能在模拟胃肠道消化试验中维持益生菌较高的存活率,并在模拟肠液阶段释放更多的益生菌,以达到缓释的效果<sup>[19]</sup>。另有学者采用喷雾干燥、冷冻干燥、喷雾冷冻干燥或折射窗干燥等封装工艺将低聚果糖、乳清蛋白、麦芽糖糊精和植物乳杆菌 NCIM 2083 制备成合生元复合粉末,封装后的合生元产品使用 3D 打印技术并采用冷冻干燥、折射窗干燥、热风干燥或微波干燥等后处理工艺生产微囊化益生菌产品,该产品在体外模拟口腔-胃肠液中的存活率测定结果显示,使用喷雾冷冻干燥作为封装工艺和冷冻干燥作为后处理工艺的组合是维持益生菌活力的最佳工艺方法<sup>[20]</sup>。蔗糖作为冻干保护剂与海藻酸钠-壳聚糖混合并使用冻干工艺制备的嗜酸乳杆菌 KBL409 微球产品能显著提升产品在模拟口腔-胃肠液中的益生菌存活率,其效果优于葡萄糖、海藻糖、乳糖、果糖、麦芽糖糊精、菊粉或玉米淀粉<sup>[21]</sup>。对于限定在高温喷雾干燥工艺条件下生产微囊化酪丁酸梭菌的情况,学者们使用了 4%明胶、5%变性淀粉和 5%麦芽糊精质量浓度的组合作为微囊壁材可以显著提升微囊化益生菌在模拟胃液中的存活率<sup>[22]</sup>。在外界高糖环境的渗透胁迫条件下,以海藻酸盐-葡萄糖为核心,壳聚糖充当涂层制备的微胶囊能显著减弱植物乳杆菌活菌数的下降,为特殊食品基质中搭载的微囊化益生菌提供良好的保护<sup>[23]</sup>。以葡聚糖-海藻酸盐为核心,壳聚糖充当涂膜制备的益生菌微胶囊能提升益生菌在模拟胃肠液中的存活率,相比于裸菌能显著缓解十二烷基硫酸钠作为促炎剂处理人结肠癌细胞系 HT-29 后诱导产生的炎症应激,促使益生菌

和葡聚糖协同调节 HT-29 细胞释放白细胞介素-4、白细胞介素-10、肿瘤坏死因子- $\alpha$  并提升 HT-29 细胞活力<sup>[24]</sup>。在益生菌与印度传统食品 Laddu 结合生产益生菌甜品的工艺研究中,相比于冻干状态的嗜酸乳杆菌,添加阿拉伯树胶-蔗糖制备的微囊化益生菌能提升益生菌的存活率并使产品有更强的抗氧化能力<sup>[25]</sup>。

## 1.2 释放

早一代益生菌微囊化工艺存在一定的局限性,而动物机体胃肠道具有排空速度快的生理特性,两者结合可能会导致益生菌在动物机体内到达预定位置后迅速释放,致使益生菌在肠道内停留、发挥作用的时间较短并使益生效果不理想<sup>[26]</sup>,因此许多学者在此基础上进一步研究了益生菌的缓释控制和靶向递送。例如,使用明胶和阿拉伯树胶作为壁材,将瓜拉那提取物与益生菌共同封装所生产的微囊化益生菌产品,在体外模拟胃肠道释放试验中被证明可以有效延迟益生菌的释放,其可能源于瓜拉那提取物的生物化学物质与构成凝聚层的聚合物相互作用并强化了微囊结构<sup>[27]</sup>。耐酸型乳清蛋白分离物、氯化钙和吐温-80 包埋植物乳杆菌生产的微囊化益生菌产品,在体外模拟胃部环境中孵育 8 h 仍无法释放微囊化益生菌,而能在模拟回肠环境中 2 h 内完全释放益生菌,达到靶向释放的效果<sup>[28]</sup>。基于液滴微流体技术将聚- $\gamma$ -谷氨酸水凝胶封装益生菌所制成的微球产品能耐受人工模拟胃肠液,并能在 405 nm 可见光照射硝普钠所产生的一氧化氮模拟肠炎环境中,表现出明显的结构塌陷、分裂并迅速释放益生菌,达到产品在炎症部位靶向递送的目的,其原理是一氧化氮(NO)通过自氧化作用转化为三氧化二氮( $N_2O_3$ )后与配方中交联剂 *N,N'*-(2-氨基-1,4-亚苯基)二乙酰胺的邻苯二胺结构发生不可逆反应,导致水凝胶网络解离<sup>[29]</sup>。将石松花粉去除原生质体后压片制备的孢粉素外膜微胶囊,可以在模拟人体胃肠道环境中保护干酪乳杆菌,使益生菌在微囊内部大量繁殖 ( $12 \pm 2$ )h 后机械破坏微胶囊的外壁结构并迅速释放,从而达到益生菌在结肠区域靶向递送的目的<sup>[30]</sup>。

## 1.3 黏附

在微囊化益生菌体内释放后,希望益生菌能

在胃肠道中停留尽可能长的时间甚至能实现黏附、定植和长期生活的效果。许多学者对此展开微囊化益生菌黏附的体外相关研究。例如,使用电喷雾技术制备的抗性淀粉强化壁材和壳聚糖包被的海藻酸盐益生菌微粒,能在体外模拟的荧光法流动冲洗黏膜黏附试验中,达到较好的黏膜黏附特性,并使产品在黏膜上的停留时间延长<sup>[31]</sup>。采用离子凝胶技术制备的低甲氧基果胶-羧甲基纤维素钠鼠李糖乳杆菌 GG 微珠,在体外山羊结肠组织模拟黏膜黏附试验中,具有较高的黏膜黏附强度,其源于该 pH 条件下,羧甲基纤维素钠的羟基、低甲氧基果胶的羧基可以与组织的粘蛋白层形成氢键,延长了产品在吸收部位的停留时间,加强了产品与上皮屏障的接触<sup>[32]</sup>。芦荟粘液、高度聚合的龙舌兰果聚糖和阿拉伯胶包裹的植物乳杆菌微胶囊,可以形成具有氢键结构的弱凝胶并与肠黏附蛋白相互作用,提升产品在猪黏蛋白模拟肠道黏膜系统中的黏附性能<sup>[33]</sup>。燕麦麸胶、乳清蛋白和海藻酸钠共同封装的益生菌酵母 VIT-MN03 微胶囊,可在体外新鲜猪小肠组织的模拟黏膜黏附试验中表现出较强的黏附性能<sup>[34]</sup>。

#### 1.4 抗菌

由于活的益生菌具有不断生长繁殖、竞争抑制和产生抗菌物质等功能特性,学者们期盼通过封装活的益生菌并保持较高的生存率,以达到在动物机体或食品中抑制病原体的作用,由此许多体外试验得以开展。例如,聚乙烯吡咯烷酮-透明质酸-麦芽糊精-乳清蛋白的四重包衣微胶囊被证明可在 Caco-2 细胞系培养过程中,强化益生菌对常见食源性病原体鼠伤寒沙门氏菌的抑制作用,其源于四重包衣微胶囊强化了益生菌的黏膜黏附能力,并竞争性抑制了病原体的黏附行为<sup>[35]</sup>。使用海藻酸钠-壳聚糖封装的尼氏大肠杆菌益生菌纳米微囊能在体外显著抑制高度侵袭性的食源性病原体空肠弯曲杆菌生长繁殖,因此可将益生菌产品提前添加进食品或饲料中,预防高危人群和畜禽的感染,并提高公共卫生质量和食品安全水平<sup>[36]</sup>。海藻酸盐-壳聚糖微胶囊封装的鼠李糖乳杆菌 GG 微胶囊可以在体外共培养阶段影响大肠杆菌 *lsrK* 和 *luxS* 基因的转录表达和群体感应系统,从而显著抑制大肠杆菌生物膜的形成,可应用于控制耐

药性细菌生物膜形成从而达到抑菌效果<sup>[37]</sup>。有学者发现妥布霉素敏感型的复合乳酸杆菌益生菌商业产品,可以在静电喷涂海藻酸盐-水凝胶封装的微胶囊保护下,与妥布霉素协同杀死耐甲氧西林的致病性金黄色葡萄球菌和铜绿假单胞菌,有利于临床上治疗复杂感染和缓解抗生素耐药性问题<sup>[38]</sup>。另有海藻酸盐-水凝胶封装的短双歧杆菌能够与四环素产生协同作用,保持 Caco-2 细胞层的表面屏障完整性,并有效杀死黏附在 Caco-2 细胞层上的耐四环素致病性大肠杆菌,相比之下,未封装的短双歧杆菌、已封装的双歧杆菌或单独的四环素均不能独立杀灭耐四环素致病性大肠杆菌<sup>[39]</sup>。

## 2 体内试验

目前许多评价微囊化益生菌产品功能特性的方法都基于体外试验<sup>[29,40-41]</sup>,虽然体外模拟消化模型有助于低成本、快速地筛选出许多不同的微囊化材料配方,但体外模型通常不能准确模拟动物机体胃肠道中包括气体成分、动态 pH、酶解压力、土著微生物竞争等复杂的特殊环境。部分学者指出益生菌试验的体内研究与体外研究的相关性可能较差<sup>[11]</sup>。例如,有学者发现使用牛奶蛋白制备的微胶囊在体外试验中显示出了良好的益生菌保护特性,然而在小鼠体内试验中相比于裸菌而言保护特性并未提升<sup>[42]</sup>。另有学者发现由豌豆分离蛋白和海藻酸盐制备的鼠李糖乳杆菌 R0011 和瑞士乳杆菌 R0052 微胶囊被证明会在柠檬酸杆菌诱导的结肠炎小鼠模型中,通过改变结肠黏膜的微生物群落和细胞蛋白表达,从而加重小鼠的炎症症状,并促进肠道疾病发展,而豌豆分离蛋白和海藻酸盐通常被认为是较为安全的食品成分<sup>[43]</sup>。基于上述部分体内外试验结果不符合预期的报道,在开展微囊化益生菌体外试验的基础上,确实有必要进一步开展体内试验,验证微囊化益生菌产品在动物机体上施用的具体性能和功效。

目前很多研究显示,益生菌摄入体内后可以调节宿主的健康,其机理多种多样<sup>[44]</sup>,包括:部分益生菌可以直接产生具有生物活性的后生元进入宿主体内循环参与生理代谢,例如: $\gamma$ -氨基丁酸<sup>[45-47]</sup>、短链脂肪酸<sup>[48-50]</sup>和其它细菌代谢产物<sup>[51-53]</sup>;部分益生菌可以调节宿主肠道微生物区系,通过影响其

它肠道菌群进而引起宿主肠道中诸如支链脂肪酸<sup>[54]</sup>、支链氨基酸<sup>[55]</sup>、芳香族氨基酸<sup>[56]</sup>、氧化三甲胺<sup>[57]</sup>、甲烷<sup>[58]</sup>、硫化氢<sup>[59]</sup>等可能与宿主代谢综合征发展相关的小分子物质的变化,以此间接调控宿主健康<sup>[60]</sup>;部分益生菌可以与宿主的胆汁酸代谢系统<sup>[61]</sup>或肠道屏障系统<sup>[62]</sup>产生互作。许多报道都证明适当的微囊化处理可强化益生菌对宿主腹泻、感染、炎症、代谢综合征的调控能力。

## 2.1 存活、黏附与定植

许多学者证明了益生菌使用不同的微囊化工艺处理,可强化益生菌对动物机体的益生效果,其源于益生菌在动物机体内胃肠道中生存率的提高,益生菌在动物机体内停留的时间延长,甚至促使益生菌黏附和定植在胃肠道黏膜上,以长期发挥作用。例如,以醋酸诱导冷凝乳-植物油-碳酸钙体系中 $\kappa$ -酪蛋白和钙离子交联为原理制备的植物乳杆菌 LIP-1 微囊化益生菌产品,相比于裸菌能显著增加益生菌在高脂血症大鼠结肠中的存活率,并进一步促进植物乳杆菌 LIP-1 在大鼠体内的降胆固醇效果<sup>[63]</sup>。采用海藻酸寡糖-壳寡糖制备的合生元微胶囊长双歧杆菌 CICC 6259 被证明在动物体内的生存率显著优于裸菌,并在递送小鼠后 2 周使体内益生菌数维持较高水平<sup>[64]</sup>。聚-L-赖氨酸封装的植物乳杆菌 KCTC 3108 能顺利通过 ICR 小鼠胃肠道段并从粪便中分离培养,而采用裸菌递送时粪便中无法成功分离和培养益生菌<sup>[65]</sup>。

在胃肠道消化液中存活后,活的益生菌能在机体内发挥作用的第二个关键因素是能否成功黏附,甚至定植到胃肠道上皮细胞表面。学者们通过基因组测序阐明了益生菌黏附介质的实质是鞭毛、菌毛、分泌蛋白、细胞壁相关多糖(CPS)、脂磷壁酸(LTA)、脂多糖(LPS)和肽聚糖(PG),这些重要的表面分子能被宿主模式识别受体识别,并附着于肠上皮细胞交界区域<sup>[66]</sup>。体外研究中通常使用 Caco-2 人肠上皮细胞系进行初步的益生菌黏附研究<sup>[67]</sup>,而在条件允许的情况下,开展微囊化益生菌动物体内黏附定植研究会得到证据等级更高的结果。有学者将自发荧光转基因益生菌乳酸乳球菌 NZ9000 封装进硫醇化氧化魔芋葡甘聚糖微球中,能延长小鼠粪便中持续检出益生菌的时间,学者们由此间接推断出该微囊化工艺增强了益生

菌在动物体内的黏附能力<sup>[68]</sup>。另有学者将海藻酸盐和鱼精蛋白通过静电液滴结合逐层自组装技术制备了具有逐层分解特性的酶促熔丝状微胶囊,通过激光共聚焦显微镜观察到经过特殊质粒修饰的大肠杆菌 MG1655 在双层微胶囊保护下,停留于小鼠肠道中的时间显著延长<sup>[69]</sup>。使用干粉包衣技术制备的醋酸琥珀酸羟丙基甲基纤维素胶囊化商业嗜酸乳杆菌,在递送给大鼠 8 h 内,可显著提高大鼠肠段中的益生菌活菌数<sup>[70]</sup>。采用多层静电纺丝结构封装的鼠李糖乳杆菌 GG 微囊化益生菌递送给小鼠 72 h 后,可以显著提高益生菌在空肠中的相对丰度,其效果优于递送裸菌<sup>[71]</sup>。

## 2.2 抗腹泻

益生菌在动物养殖及临床领域被长期、广泛应用于腹泻治疗,而微囊化益生菌对腹泻的改善效果进一步加强。例如,海藻酸盐和壳聚糖封装的微囊化植物乳杆菌 22F、25F 和乳酸片球菌 72N 菌株均可调节产肠毒素大肠杆菌诱导的水样腹泻断奶仔猪模型释放血清促炎和抗炎细胞因子,通过增强与紧密连接蛋白相关基因的表达来帮助上皮细胞保持其完整性以减轻肠道病理学损伤,改善断奶仔猪的严重水样腹泻症状<sup>[72]</sup>。由低甲基果胶和羧甲基纤维素钠封装、醋酸邻苯二甲酸纤维素涂层的微囊化鼠李糖乳杆菌 GG 可以通过提高益生菌在上消化道中的存活率,促进产品在结肠中的迅速释放,从而快速改善阿莫西林诱导的白化 Wistar 大鼠抗生素相关性腹泻,其止泻疗效的生效时间显著短于裸菌<sup>[73]</sup>。在无菌猪体内接种人类婴儿粪便微生物群构建营养不良仔猪模型后,学者们使用葡聚糖制备的大肠杆菌 Nissle 1917 生物膜微球益生菌产品递送给该模型猪可以显著改善人类轮状病毒诱导的仔猪腹泻并降低粪便轮状病毒排出,削弱病毒传播性,其源于大肠杆菌 Nissle 1917 生物膜微球增强了仔猪的先天免疫反应和 B 细胞免疫反应<sup>[74]</sup>。

## 2.3 抗菌

微囊化工艺会进一步提升益生菌在动物胃肠道中的生存率,增强益生菌对病原体的抑制作用,达到抗菌和改善宿主健康的效果。有学者指出使用微囊化益生菌应用于感染的辅助治疗,能一定程度缓解由于抗生素滥用造成的病原体微生物耐

药性问题<sup>[75]</sup>。例如,使用静电纺丝纳米纤维封装益生菌蒙氏肠球菌制备的微囊化生物支架,能吸收人工模拟的烫伤伤口液体后形成水凝胶结构,并进一步提升伤口表面的益生菌存活率和存活时间,帮助二级烧伤的成年小鼠显著抑制金黄色葡萄球菌 ATCC 25923 对烧伤伤口的感染,并加快伤口恢复速度,由于益生菌的抗菌能力,其单位时间的愈合效果甚至优于磺胺嘧啶银乳膏药品<sup>[76]</sup>。海藻酸钠-淀粉封装的戊糖片球菌 Li05 微胶囊相比于裸菌能进一步提升 SPF 小鼠肠道微生物多样性,下调 NF- $\kappa$ B 磷酸化诱导的 *pro-IL-1 $\beta$*  基因和肿瘤坏死因子- $\alpha$  的表达,显著强化小鼠抗艰难梭状芽胞杆菌感染的的能力,并提升试验期小鼠的存活率<sup>[77]</sup>。有学者使用商业化益生菌粪肠球菌 NCIMB 11181 微胶囊产品预先持续性饲喂肉鸡,发现该产品可以上调肉鸡空肠黏膜中的 CLDN-1 mRNA 水平和蛋白质表达,在后续试验期间显著削弱由产气荚膜梭菌感染导致的肉鸡肠道损伤、肠细胞凋亡并有效改善肉鸡健康<sup>[78]</sup>。另有微囊化益生菌粪肠球菌产品通过维持有益的盲肠微生物群,来降低盲肠大肠杆菌的相对丰度,增强宿主血清免疫和抗氧化能力,从而降低产肠毒素大肠杆菌 K88 感染对肉鸡生产性能的不良影响<sup>[79]</sup>。

## 2.4 抗炎和抗氧化

炎症是动物机体受到有害刺激时所产生的一系列复杂生物反应,通常会伴随发热、疼痛、红肿、功能性丧失并给机体带来一定的痛苦。目前研究显示微囊化益生菌产品对机体的某些慢性和急性炎症反应均有改善作用。例如,口服海藻酸钠封装的黏膜乳杆菌 KM068788 和发酵乳杆菌 KM068787 微胶囊,被证明可以通过增强大鼠体内抗炎细胞因子白细胞介素-10 的表达,来有效缓解角叉菜胶诱导的 Wistar 雄性大鼠后爪急性炎症性水肿,且效果优于裸菌<sup>[80]</sup>。一项基于人类的随机双盲安慰剂试验证明微囊化植物乳杆菌 IS-10506 能在 8 周的干预期内,显著缓解成年人的特征性皮炎,其源于微囊化益生菌抑制了受试者 Th1 型免疫应答,并增强了 Th2 型免疫应答<sup>[81]</sup>。由海藻酸钠和壳聚糖混合制备的纳米级微囊化解淀粉芽胞杆菌产品有较强的体内稳定性,相比于裸菌能进一步降低硫酸葡聚糖诱导的溃疡性结肠炎成年

Wistar 大鼠体内脂质过氧化物丙二醛、结肠液中促炎氧化损伤物一氧化氮和粪便中的肠道炎症生物标志物运载蛋白-2 的水平,从而改善大鼠结肠炎症、体质量骤降和脾脏肿大的症状,显著提升大鼠实验期的生存率<sup>[82]</sup>。采用羟丙基甲基纤维素和海藻糖制备的鼠李糖乳杆菌 HDB1258 微胶囊递送给脂多糖诱导的 C57BL/6 炎症小鼠模型后,可改变小鼠的肠道微生物区系,提升体内白细胞介素-10 的表达,调整肿瘤坏死因子- $\alpha$  的表达比例,并增强脾脏巨噬细胞吞噬作用和脾脏自然杀伤细胞的细胞活性来抑制动物机体的全身炎症<sup>[83]</sup>。另有学者通过逐层微囊化技术对唾液乳酸杆菌 Li01 进行封装,并递送给硫酸葡聚糖诱导的结肠炎 SD 无菌大鼠模型,该产品可以促进肠道微生物菌群和肠道屏障功能的修复<sup>[84]</sup>。基于液滴微流体技术的聚- $\gamma$ -谷氨酸水凝胶益生菌微球能在炎症部位靶向递送益生菌,以减轻小鼠全身炎症,显著保护结肠炎小鼠的小肠和结肠的机械屏障稳态,恢复肠道微生物区系,并上调结肠上皮细胞增殖生物标志物 Ki67 的表达<sup>[29]</sup>。

## 2.5 调控代谢综合征

代谢综合征是包括腹型肥胖、高血压、高血糖、高血清甘油三酯或低血清高密度脂蛋白胆固醇在内的一组同时发生的、在动物机体出现代谢紊乱的症候群,并且在现代社会人群中越来越常见<sup>[85]</sup>。目前越来越多的研究证明微囊化益生菌可以调控动物机体的代谢综合征并改善机体健康。例如,学者们设计了以阴阳二元概念为灵感的双核海藻酸盐微胶囊,通过静电驱动微流体技术封装乳酸菌 21790 和枯草芽胞杆菌 10012,避免了两种益生菌的相互干扰,相比于两种益生菌在微囊内直接混合的单核微胶囊,益生菌互相隔离的双核微胶囊能进一步改善小鼠肠道屏障功能并缓解肠道炎症<sup>[86]</sup>。另有学者使用海藻酸-聚赖氨酸-海藻酸封装鼠李糖乳杆菌 NCIMB 6375、植物乳杆菌 NCIMB 8826 和发酵乳杆菌 NCIMB 5221 制备微囊化益生菌混合物,该混合物能显著降低高脂饮食金黄地鼠的血清总胆固醇、低密度脂蛋白胆固醇和甘油三酯浓度,并且在益生菌结束递送后的 4 周仍能维持治疗效果<sup>[87]</sup>。以醋酸引发冷凝胶-植物油-碳酸钙体系中  $\kappa$ -酪蛋白和钙离子交

联作用为原理制备的微囊化植物乳杆菌 LIP-1 产品被证明可以增加大鼠粪便胆固醇排泄,降低大鼠机体氧化应激水平,缓解肝脏代谢紊乱,修复心血管内膜和肠黏膜损伤,降低血清总胆固醇、甘油三酯和低密度脂蛋白胆固醇浓度,且效果优于裸菌<sup>[63]</sup>。另有学者使用微流体技术将搭载了绿色荧光蛋白表达质粒和胰高糖素样肽-1 usp45 分泌信号肽基因序列的光控乳酸乳球菌 GFP 菌株封装成吡啶菁绿微胶囊,该产品可以在大鼠体内将体外人工发射的高穿透力 980 nm 的近红外光转化为 475 nm 的蓝光,促使体内的工程益生菌每日固定时间释放胰高糖素样肽-1,从而持续稳定降低糖尿病大鼠的血糖水平并改善其血脂代谢<sup>[88]</sup>。包裹在海藻酸盐-壳聚糖微凝胶中的鼠李糖乳杆菌 ATCC 7469 被证明可以通过改变肠道的微生物区系,来改善高盐饮食诱导的小鼠代谢性肾损伤<sup>[89]</sup>。

### 3 总结

从现有的研究来看,微囊化益生菌的产品功能性评价研究取得了突破性进展,合适的益生菌微囊化处理可以拓展和提升各类益生菌在食品安全、畜牧养殖、健康膳食和临床治疗等方面的应用,然而其中的研究也存在诸多局限性。

就益生菌在动物胃肠道黏膜黏附而言,有学者最近通过手术精细剥离机体胃肠道黏膜并对不同胃肠道区段的黏膜表面和内容物中的微生物宏基因组进行测序,结果显示益生菌在啮齿类实验动物体内的递送会遭遇到广泛而明显的肠道黏膜定植抗性,而益生菌在人类体内具有个体、区域和菌株特异性的黏膜定植模式<sup>[90]</sup>。另有研究发现在恒河猴体内不同区域的肠上皮黏膜或内容物的微生物区系存在差异,粪便中的微生物区系仅与部分胃肠道区域微生物区系存在相关性<sup>[91]</sup>。这些结果印证了动物粪便的微生物与体内胃肠道黏膜定植的微生物仅存在部分相关性。进一步而言,历来许多学者通过检测粪便中的益生菌来间接推断“益生菌在肠道中滞留并黏附定植”的试验设计思路可能存在问题。细菌黏附黏膜的过程存在可逆阶段和稳定阶段<sup>[92]</sup>,在胃肠道中停留时间长并不能证明益生菌完成了定植并可长期生存,对益生菌体内定植的确凿性需要类似胃肠道上皮黏膜活

检这类更加慎重直接的证据。

动物模型方面,现阶段广泛用于体内试验测试益生菌的实验动物一般为啮齿类,尽管该类模型成本较低且伦理审查方案完善,然而仍有不少学者提出啮齿类动物的胃肠道结构和微生物群特异性与人类的相关性较差<sup>[90,93-94]</sup>。相比啮齿类试验动物而言,猪或狗胃肠道的部分结构、特征及微生物群与人类相关性更强,因此在确保伦理审查完备的前提下,如果以猪或狗作为非侵害性饮食干预实验的模型动物可能会得到更高的证据等级,使实验设计更有说服力并提升与人类临床研究的相关性<sup>[95-97]</sup>。

另外,现有的关于微囊化益生菌功能性评价的研究存在“重体外,轻体内”的现象,大量的微囊化益生菌的功能性研究仍然停留在体外阶段,例如模拟胃肠道消化、体外抗菌、模拟黏附等,证据等级低,缺乏对于动物的体内试验乃至人类临床阶段的进一步验证,进而导致研究成果转化和商业化率较低。市面上具有高科技含量和高附加值的微囊化益生菌产品大部分仍以较为成熟的欧美日韩等国外企业品牌为主,这制约了我国益生菌产业的发展。因此笔者认为益生菌微囊化研究要避免“打一枪换一个地方”,对于有潜力的微囊化工艺和菌种需要深度耕耘研究,切实以产业需求为导向,开发出具有行业国际竞争力的产品,并促进更多的物美价廉的微囊化益生菌产品投送市场,提升全民健康水平,并产生良好的经济效益和社会效益。

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## Progress in Functional Evaluation of Probiotics Based on Microencapsulation Technologies

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**Abstract** In order to solve the problems of low survival rate, low viable number and unsatisfied performance of free probiotic products *in vivo*, microencapsulation technologies have been widely studied and gradually applied to commercial products these years. This paper focuses on the functional evaluation of microencapsulated probiotic products *in vitro* and *in vitro* in recent years, covering the functional characteristics of microencapsulated probiotics such as survival, release, adhesion and antibacterial *in vitro*, and the functional characteristics of probiotics such as survival, adhesion, colonization, anti-diarrhea, antibacterial, anti-inflammatory, anti-oxidation and regulation of metabolic syndrome *in vivo*, and provides some suggestion for the further development of effective probiotic products for human beings.

**Keywords** probiotic; microencapsulation; *in vitro*; *in vivo*; functionality