

## **Research Article**

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**Network-Based Pharmacology for the Treatment of Chronic Atrophic Gastritis with Danqi Quyu Zhitong Granules and its Mechanism of Action in Regulating Ferroptosis**

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# **Abstract**

**Objective:** Based on bioinformatics and network pharmacology, we investigated the active ingredients, targets and pathways of Danqi Quyu Zhitong Granules in the treatment of chronic atrophic gastritis (CAG) and the regulation of Ferroptosis.

Methods: The active ingredients and CAG-associated targets of DQQYZT were screened by TCMSP, PubChem, STRING, OMIM, Gene Cards and DisGeNet platforms; The active ingredient-CAG target network of DQQYZT was constructed by Cytoscape software; The interaction network between the compound and CAG target protein was constructed by combining with STRING database. The DAVID database was used for enrichment analysis; The FerrDb database was used to obtain iron death regulatory genes, and finally the common target genes were obtained to construct the DOOYZT active ingredient-CAG-iron death network; The PPI network was combined with the STRING database; The DAVID database was used for KEGG analysis.

**Results**: Screening of 192 drug active ingredients and 86 CAG-associated target genes by GO



and KEGG analysis, the biological process of DQQYZT for the treatment of CAG is related with ofextrinsic apoptotic signaling pathway in absence of ligand, response to antibiotic, protein phosphorylation, striated muscle cell differentiation, peptidyl-serine phosphorylation, RNA polymerase II sequence-specific DNA binding transcription factor binding, protein kinase activity and so on. And it plays a role in regulating Apoptosis, Apoptotic Signaling in Response to DNA Damage, Role of Mitochondria in Apoptotic Signaling, p53 signaling pathway and Cellular senescence pathways. 27 genes common to the regulation of Ferroptosis may be involved in Signaling pathways such as Signaling by Interleukins, Th17 cell differentiation pathway, Interleukin-4 and Interleukin-13 signaling, IL-17 signaling pathway and Cytokine Signaling in Immune system.

**Conclusion**: This study predicts the main compounds, targets and pathways of DQQYZT for the treatment of CAG and its regulation of iron death, providing theoretical reference.

**Keywords:** Danqi Quyu Zhitong Granules; Chronic Atrophic Gastritis; Network Pharmacology; Bioinformatics; Ferroptosis; Mechanism of Action

### **Introduction**

Chronic atrophic gastritis (CAG) is a chronic digestive disease characterised by atrophy, reduction or thinning of the intrinsic gastric glands, pyloric glandular hyperplasia and intestinal glandular hyperplasia as a result of repeated longterm damage to the gastric mucosa epithelium. The progression of the disease is characterised by intestinal epithelial metaplasia and heterogeneous hyperplasia, and the incidence of gastric cancer in CAG with intestinal epithelial metaplasia and heterogeneous hyperplasia is as high as 6%. Therefore, treatment and reversal of CAG is an important strategy to control the development of gastric cancer [1]. Recent studies have found that Chinese medicine treatment can effectively improve clinical symptoms and reverse the progression of CAG.

"Danqi Quyu Zhitong Granules" is an in-hospital preparation of our old experts in the treatment of CAG. It consists of Huang-Qi, Dan-Shen, Bai-Shao, Wu-Yao, Bei-Shashen, Di-Yu, E-Zhu, Ku-Shen, Gou-Qi-Zi, Hou-Pu, San-Qi, Chai-Hu, Huang-Lian, Gui-Zhi, Ding-Xiang and Da-Huang. Huang-Qi nourishes the vital energy of the lung and spleen, while Dan-Shen invigorates blood stasis and nourishes the blood. The combination of the two herbs benefits the Qi and invigorates

the blood, so that the Qi can flow through the blood and the blood can flow through the Qi. E-Zhu, which is warm in nature, belongs to the liver and spleen meridians, and is effective in breaking up blood and moving Qi, eliminating stagnation and relieving pain. The combination of Huang Qi and E-Zhu is the first remedy used by Mr Zhu Liangchun, a master of Chinese medicine, to treat chronic atrophic gastritis, in the sense of Mr Zhang Xichun's "Shiquan Yuzhen Decoction", which treats consumptive disease by both attacking and tonifying. Bupleurum detoxifies the liver and relieves depression, moves Qi and relieves pain; Hou-Pu regulates Qi and harmonizes the stomach, relieves lumpiness and fullness; Wu-Yao smooths Qi and opens up depression, disperses cold and relieves pain; The three herbs together detoxify the liver, move Qi and open up depression to help Qi move and disperse stasis. Da-Huang, Huang-Lian, Ku-Shen and Di-Yu all have the function of clearing heat and removing toxins and turbidity. The above ten herbs work together as subjects to move Qi and disperse stasis, detoxifying and resolving turbidity. As this disease is prolonged, it is easy to consume Yin and injure Blood, so it is supplemented with Sha-Shen and Gou-Qi-Zi to nourish Yin and nourish Blood. Ding-Xiang warms the middle and subdues the rebellious, disperses cold and relieves pain. Gui-Zhi warms the middle and disperses cold to relieve pain, aromatically strengthens the stomach, and also



serves as an ambidextrous medicine. These two herbs are warm in nature and can control the cold nature of Dan-Shen. The whole formula is based on tonifying the deficient and dipping the actual, treating both the symptoms and the root cause, taking the main and secondary aspects into account, mainly tonifying Qi and resolving blood stasis, supplemented by detoxifying and resolving turbidity, as well as nourishing Yin and regulating Qi to relieve pain, which together can invigorate the blood and create muscle, dispel blood stasis and relieve pain. Previous clinical studies have found that DQQYZT can improve the symptoms and clinical efficacy of CAG patients, which may be related to the regulation of intestinal flora, reduce the oxidative stress damage of gastric mucosa, and promote the recovery of gastric mucosa [2,3].

Ferroptosis is a novel form of programmed cell death in which iron-dependent reactive oxygen species (ROS) are upregulated, distinguishing it from other programmed cell death such as apoptosis, cell necrosis and cell autophagy [4]. There is growing evidence that Ferroptosis is associated with the development of a variety of diseases, including cancer [5], cardiovascular disease [6] and kidney injury [7]. Recent studies have found that Ferroptosis is involved in the development of a variety of gastrointestinal diseases, including intestinal ischemia-reperfusion injury [8], inflammatory bowel disease [9], gastric cancer [10] and colorectal cancer [11].

Studies on Ferroptosis and CAG are not yet available. However, it has been reported that Astragalus can stimulation inhibits the iron death process by regulating key iron death factors [12], which may be the reason for the association between Ferroptosis and CAG. Network pharmacology is a new subject based on the theory of systems biology, the analysis of biological systems network and the selection of specific signal nodes for multi-target drug molecular design. TCM network pharmacology methods include network-based disease gene prediction, drug target prediction, disease-specific drug function prediction, Chinese herbal medicine network construction, and drug-gene-disease network construction and analysis [13]. In recent years, a large number of studies have shown that TCM network pharmacology is a promising method to reveal the pharmacological mechanism of traditional Chinese medicine prescriptions [14], such as, a combination of computational strategies and experiments has been used to reveal the role of WFC in regulating immune response and inhibiting inflammation in CAG treatment [15]; There is also a study based on network pharmacology to elucidate the mechanism of action of Moluodan in the treatment of CAG [16]. Therefore, this study systematically investigated the active ingredients, targets and pathways of DQQYZT using network pharmacology to further reveal its mechanism of action against CAG. Secondly, the possible mechanism of action of DQQYZT was elaborated around the Ferroptosis regulatory network, and its pharmacological mechanism of action was explored to provide reference for subsequent clinical and basic application studies.

## **Data and Methods**

# **Collection and screening of active ingredients of DQQYZT**

The active ingredients and the corresponding target genes of all drugs of DQQYZT were screened by searching the TCM-SP database (https://tcmsp.com/index.php) separately, using oral bioavailability (OB)  $\geq$  30% and drug similarity (DL)  $\geq$ 0.18 as screening conditions. All the compounds included in the screening were again searched through TCMSP and PubChem databases (https://pubchem.ncbi.nlm.nih.gov) to find the corresponding potential targets.

#### **Acquisition of CAG-related target genes**

The GeneCards database (https://www.genecards.org/), OMIM database (https://omim.org/), DisGeNET database (https://www.disgenet.org/search) were searched for the keyword "Chronic Atrophic Gastritis" to obtain CAG-related target genes.

# **Acquisition of DQQYZT active ingredients and corresponding common target genes of CAG**

The STRING database (https://cn.string-db.org/) was used to convert the potential targets of DQQYZT drug into gene IDs to obtain the corresponding gene targets. The keyword "chronic atrophic gastritis" was used to search for all CAG-related target genes in Disgenet and OMIM, and the duplicates





were removed and compared with the DQQYZT drug target genes to obtain the common target genes.

## **Construction of DQQYZT-CAG-related target protein interaction network**

Using the STRING database (species set to "Human", threshold set to 0.4), the potential targets of DQQYZT and CAG were obtained and imported into Cytoscape 3.6.0 software to map the interaction network between the drug and CAG target proteins.

# **Construction of common target by gene GO analysis and KEGG pathway enrichment analysis**

The targets of action of DQQYZT drugs were imported into the DAVID database (https://david.ncifcrf.gov/), and the threshold value was selected as  $P < 0.001$ , and the top 20 GO analysis and KEGG pathways were finally selected in combination with literature search, and bar graphs of GO analysis were plotted using Excel. OmicShare platform (https://www.omicshare.com) ploted pathway bubble maps.

# **Acquisition of Ferroptosis regulatory genes and comprehensive analysis of their common targets with DQQYZT and CAG**

The FerrDb database (http://www.zhounan.org/ferrdb) was used to retrieve genes related to the Ferroptosis process, compile and remove duplicate genes. Finally, iron death regulatory genes were obtained and further collated with DQQYZT and CAG common target genes, and then the common genes were obtained using OmicShare analysis. The DQQYZT active ingredient-RCAG and iron death common target network were constructed, and the KEGG pathway bubble map was drawn, and the PPI network map of common target genes was constructed.

### **Results**

**Pharmacological study of DQQYZT and CAG network**

# **Analysis of the active ingredients of DQQYZT formulae**

The TCMSP analysis platform was used to search for "Huang-Qi", "Dan-Shen", "Bai-Shao", "Wu-Yao", "Bei-Sha-Shen", "Di-Yu", "E-Zhu", "Ku-Zhen", "Gou-Qi-Zi", "Hou-Pu" "San-Qi", "Chai-Hu", "Huang-Lian", "Gui-Zhi", "Ding-Xiang", "Da-Huang" pharmaceutical ingredients, etc. A total of 291 ctive ingredients were collected, 20 from Huang-Qi, 65 from Dan-Shen, 13 from Bai-Shao. 20 from Huang-Qi, 65 from Dan-Shen, 13 from Bai-Shao, 9 from Wu-Yao, 8 from Bei-Sha-Shen, 13 from Di-Yu, 3 from E-zhu, 45 from Gou-Qi-Zi, 2 from Hou-Pu, 8 from San-Qi, 17 from Chai-Hu, 14 from Huang-Lian, 7 from Gui-Zhi, 6 from Ding-Xiang, 16 from Da-Huang, among which 39 common components were identified through the TCMSP platform and PubChem database. Sixty active ingredients with no potential targets found were removed, resulting in a final collection of 192 active ingredients in Table1.

Mol ID	Active ingredient name	$OB(\% )$	DL	Name source of traditional Chinese medicine
MOL000211	Mairin	55.37707338	0.7761	Huangqi, Baishao, Divu
MOL000239	Jaranol	50.82881677	0.29148	Huangqi
MOL000296	hederagenin	36.91390583	0.75072	Huangqi, Ezhu

**Table 1:** Table of active ingredients of DQQYZT







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#### **DQQYZT drug-Cag common target prediction**

The ID transformation of DQQYZT compound corresponding to potential targets was performed using STRING database, and 237 target genes were obtained. As shown in Figure 1, disgenet, OMIM and GeneCards databases were used to search for CAG related targets, and 3192 targets were obtained by taking union and removing duplicates. Using the OmicShare website, 86 common targets were obtained.











# **Construction of DQQYZT active ingredient-CAG common target network**

The DQQYZT active ingredient and the CAG target were imported into Cytoscape software to construct the formula active ingredient-CAG target network, Figure 2 [hexagons represent the DQQYZT active ingredient; squares represent the CAG target]. It includes 252 nodes and 681 edges. The average degree value of the drug active ingredients was 4.1, and 40 active ingredients greater than the average were screened according to the degree value, Table 2. Multiple disease targets can be seen in the figure corresponding to the same prescription active ingredient, or different prescription active ingredients.



**Figure 2:** Construction diagram of active ingredient-CAG target network

Compound	Subordinate Chinese medicine	
quercetin	Huangqi, Beishashen, Wuyao, Diyu, Kushen, Gouqizi, Sanqi, Chaihu, Huanglian, Dingxiang	68
luteolin Danshen, Kushen		34
kaempferol	Huangqi, Diyu, Chaihu, Dingxiang, Baishao	24
beta-sitosterol	Baishao, Beishashen, Wuyao, Gouqizi, Sanqi, Guizhi, Dingxiang, Dahuang	
aloe-emodin	Dahuang	12

**Table 2:** DQQYZT degree values ranked the top 40 active ingredients





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# **Analysis of the interaction network between DQQYZT and CAG disease target proteins**

The 86 targets were used to obtain interaction relationships using the STRING database and imported into Cytoscape software to draw a network diagram, Figure 3. 86 nodes (i.e. common targets) with 1596 edges are visible. The average Degree value of the Degree network in the figure is 37.1. The targets with Degree values higher than the average are AKT1, TP53, IL6, JUN, CASP3, HIF1A, PTGS2, IL1B, MYC, MMP9, CC-ND1, EGFR, etc., which may be key targets, Table 3.



**Figure 3:** Interaction network of DQQYZT and CAG associated target proteins





Degree	Target	Degree	Target	Degree	Target
76	AKT1	56	<b>FOS</b>	44	MDM <sub>2</sub>
75	<b>TP53</b>	55	HSP90AA1	44	MCL1
74	IL6	54	IL10	42	<b>IFNG</b>
71	<b>JUN</b>	54	<b>NFKBIA</b>	42	IL4
69	CASP3	53	MMP <sub>2</sub>	42	CDKN1A
67	HIF1A	53	ERBB2	41	MAPK1
67	PTGS2	53	CASP8	41	MAPK14
67	IL1B	52	CCL <sub>2</sub>	40	TGFB1
65	<b>MYC</b>	52	BCL2L1	40	VCAM1
65	MMP9	46	ICAM1	39	PARP1
63	CCND1	46	MAPK8	38	AR
62	<b>EGFR</b>	45	CASP9	38	SERPINE1
58	CXCL8	44	IL2	38	<b>IKBKB</b>

**Table 3:** DQQYZT drugs treat CAG-related targets

#### **GO and KEGG pathway enrichment analysis**

Using the GO biological processes and KEGG metabolic pathways obtained from the DAVID database, the top 20 pathways associated with CAG were selected, Figure 4 and Figure 5. From Figure 4, it can be seen that the GO biological processes involved in DQQYZT treatment of CAG are mainly likely to be associated with extrinsic apoptotic signaling pathway in absence of ligand, response to antibiotic, protein phosphorylation, striated muscle cell differentiation, peptidyl-serine phosphorylation, RNA polymerase II sequence-specific DNA binding transcription factor binding, protein kinase activity, lipopolysaccharide-mediated signaling pathway, liver regeneration, transcription factor binding, ovarian follicle development positive regulation of pri-miR-NA transcription from RNA polymerase II promoter, cytosol, cellular response to organic cyclic compound, response to gamma radiation, cytokine activity, cellular response to UV, cellular response to gamma radiation, nucleoplasm, positive regulation of reactive oxygen species metabolic process, etc; From Figure 5, it can be seen that the treatment of CAG with Danqi Quyu Zhitong Granules involves the KEGG pathway which may be associated with Apoptosis, Apoptotic Signaling in Response to DNA Damage, Role of Mitochondria in Apoptotic Signaling, p53 signaling pathway, Cellular senescence, DNA damage response, TGF-beta signaling pathway, ErbB signaling pathway, IL-17 signaling pathway, Gastrin signaling pathway, TNF signaling pathway, Th17 cell differentiation pathway, T cell receptor signaling pathway, C-type lectin receptor signaling pathway, Toll-like receptor signaling pathway, Signal transduction through IL1R, MAPK signaling pathway, NOD-like receptor signaling pathway, etc.

# **Acquisition of Ferroptosis regulatory genes and comprehensive analysis of their common targets with DQQYZT and CAG**

#### **Acquisition of Ferroptosis regulatory genes**

The Ferferrdb database was used to obtain Ferroptosis driver gene (264), Ferroptosis suppressor gene (238), Ferroptosis marker gene (9), Ferroptosis unclassified gene (110), and the duplicate genes were removed and finally, we obtain 564 genes. More detailed genetic information are shown in Supplementary Table S1.



## **Acquisition of common target genes**

The pre-collated DQQYZT and CAG common target genes

with Ferroptosis genes were plotted using the OmicShare website to obtain a total of 27 common genes. Details of the 27 genes are shown in Figure 6, Supplementary Table S2.



**Figure 4:** GO biological process for DQQYZT treatment of CAG



**Figure 5:** KEGG pathways for DQQYZT treatment of CAG





Figure 6: The Venn diagram of DQQYZT and CAG shared target genes and ferroptosis genes. Fer:Ferroptosis D and C:DQQYZT and CAG

The common target genes and Ferroptosis genes of DQQYZT and CAG sorted earlier were drawn by using OmicShare website. A total of 27 common genes were obtained.

# **DQQYZT active constituents-CAG, Ferroptosis common target network**

The corresponding active ingredient of DQQYZT and CAG

target were imported into Cytoscape software to construct the active ingredient-target network in prescription, as shown in Figure 7 [circles represent DQQYZT active ingredients; triangles represent CAG targets]. It includes 160 nodes and 298 edges. As shown in Table 4, the average degree value of the active ingredients of the drug was 2.2, and 38 active ingredients larger than the average were screened according to the degree value.



**Figure 7:** Network diagram of the active ingredients-ferroptosis and CAG targets of DQQYZT





**Table 4:** DQQYZT ranked among the top 38 active components in the degree value of regulating ferroptosis against CAG



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#### **KEGG pathway analysis**

KEGG signaling pathway analysis was performed using the DAVID database on the common genes obtained between the three. The results were exported to an Excel sheet with a screening condition of  $P < 0.05$ , while the top 20 figures after non-signaling pathways were artificially removed and the KEGG pathway bubble map was drawn using the OmicShare platform (as shown in Figure 8). The bubble map shows the possible association with Signaling by Interleukins, Th17 cell differentiation pathway, Interleukin-4 and Interleukin-13 signaling, IL-17 signaling pathway, Cytokine Signaling in Immune system, Aryl hydrocarbon receptor pathway, Colorectal cancer, IL-18 signaling pathway, Cellular Senescence, ErbB signaling pathway, AGE/RAGE pathway, Gastrin signaling pathway, FoxO signaling pathway, TNF-related weak inducer of apoptosis (TWEAK) signaling pathway, Chemical carcinogenesis-reactive oxygen species, MAPK signaling pathway, NAD metabolism in oncogene-induced senescence and mitochondrial dysfunction-associated senescence, TNF signaling pathway, Activation of the AP-1 family of transcription factors and RAC1/PAK1/p38/MMP2 pathway.



**Figure 8:** DQQYZT regulates the KEGG pathway of ferroptosis against CAG



# **Construct PPI network of DQQYZT regulating Ferroptosis against CAG**

The STRING database was used to obtain interaction graph for the 27 targets, see Figure 9. There are 27 visible nodes (i.e. co-acting targets) and 201 edges. The average Degree value of the degree network in the graph is 14.9, and the targets of Degree higher than the average Degree values are (13) tumour protein P53 (TP53), interleukin-6 (IL6), hypoxia-inducing factor 1a (HIF1A), JUN proto-oncogene protein, interleukin-1β (IL1B), prostaglandin endoperoxide synthase 2 (PTGS2), epidermal growth factor receptor (EGFR), MAPK14, MAPK1, CDKN1A, MAPK8, AR, PARP1, etc. as possible key targets, as shown in Table 5.



**Figure 9:** DQQYZT regulates the PPI network of ferroptosis resistance to CAG





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#### **Discussion**

Chronic atrophic gastritis (CAG) is a refractory gastrointestinal disease and is classified as a high risk factor for gastric cancer. At present, there is no definite therapeutic drug for the treatment of chronic atrophic gastritis in clinical practice. Danqi Quyu Zhitong Granules is an in-hospital preparation that has shown remarkable efficacy in the treatment of chronic atrophic gastritis. A previous study found that Danqi Quyu Zhitong Granules could improve gastric precancerous lesions and block their transformation to gastric cancer by inhibiting cell apoptosis and abnormal proliferation and reducing symptoms of intestinal epithelial metaplasia or abnormal hyperplasia.

Based on the method of network pharmacology, the mechanism of action of Danqi Quyu Zhitong Granules in the treatment of chronic atrophic gastritis was investigated by using relevant databases. There were 86 overlapping genes between Danqi Quyu Zhitong Granules and chronic atrophic gastritis. In conclusion, Danqi Quyu Zhitong Granules in the treatment of CAG have the characteristics of multi-components and multi-targets. Network analysis suggested that the average degree value was 37.1, indicating high association and complex mechanism of action. The biological process of its treatment of CAG was found to involve multiple signaling pathways.

It has been found that Danqi Quyu Zhitong Granules include quercetin, luteolin, kaempferol, *β*-sitosterol, aloe emodin, tanshinone IIA, methoxy isoflavone, isorhamnetin, etc. Among them, quercetin, luteolin, kaempferol, methoxy isoflavone and isorhamnetin are all flavonoids. Some studies have shown that flavonoids can produce superoxide ions and increase the inhibitory DNA damage, thus regulating apoptosis. Among them, quercetin and kaempferol are probably the most important components in the treatment of CAG [17]. Quercetin, a major constituent of Huang Qi, Bei Sha Shen, Wu Yao, Di Yu, Ku Shen, Gou Qi Zi, San Qi, Chai Hu, Huang Lian, Ding Xiang, Dan Shen, is a free radical scavenger that inhibits inflammation and proteoglycan degradation through down-regulating TNF-*α* and MMP-9 [18]. Quercetin has good binding activity with potential targets of CAG, and the molecular conformation is stable, and its binding energy is superior to that of omeprazole [17]. Kaempferol can play a role in the treatment of CAG by reducing IL-6 and IL-1*β* levels through modulation of the hedgehog signaling pathway [19]. Kaempferol can also resist inflammatory responses and reduce inflammatory mediators by blocking the activation of p38, ERK and NF-*κ*B signaling pathways [20,21]. Luteolin can cause a significant increase in IL-10 mR-NA expression. And IL-10 has recently been recognized as the most potent anti-inflammatory cytokine [22]. *β*-sitosterol has been found to affect gastrointestinal disorders directly or indirectly [23]. Quercetin, luteolin and kaempferol are the main compounds in the Danqi Quyu Zhitong Granules, which have strong binding affinity to the target proteins JUN, TP53, AKT1, MAPK and IL6 [24]. The related targets of Danqi Quyu Zhitong Granules in the treatment of CAG include AKT1, TP53, IL6, JUN, CASP3, HIF1A, PTGS2, IL1B, MYC, MMP9, CCND1 and EGFR, etc. The expression of AKT1 in CAG rats is significantly increased [25]. The mutations of the tumour protein p53 (TP53) gene occurs in the early stage of gastric cancer, and is involved in gastric cancer [26]. IL-6 and IL-1*β* are key targets for the treatment of CAG [19]. Dysregulation of IL-6 sequential synthesis is decisive for chronic in flammation and autoimmunity [27]. IL1B strongly inhibits gastric acid secretion. This inhibition is 100-fold stronger than that of proton pump inhibitors (Beales and Calam) and 6000 times stronger than that of  $H<sub>2</sub>$  receptor antagonists. In this case, nitro compounds which play an important role in exacerbating inflammatory are prone to develope atrophic inflammation and increase the incidence of gastric cancer [28]. CAG can be treated by reversing down-regulation of cleaved caspase-3 protein expression in the pyloric stomach of rats [29]. The expression of EGFR and MMP-2 is higher in the gastric tissues of CAG rats [30]. The high positive rate of EGFR in gastric precancerous lesions suggests that this protein is involved in the progression of gastric precancerous lesions and is an early event of gastric cancer. The expression of EGFR can be used as a marker to detect early carcinogenesis [31]. Helicobacter pylori gastritis induces the expression and secretion of several matrix metalloproteinases, including MMP-2 and MMP-9 [32].

Analysis of the KEGG pathway enrichment results showed



that the key pathways involved in the treatment of CAG with Danqi Quyu Zhitong Granules were apoptosis, apoptotic signaling pathway in response to DNA damage, the role of mitochondria in apoptotic signaling, P53 signaling pathway, cellular senescence pathway, DNA damage response, TGF-beta signaling pathway, ErBb signaling pathway, IL-17 signaling pathway, gastrin signaling pathway, TNF signaling pathway, T-cell receptor signaling pathway, C-type lectin receptor signaling pathway, toll-like receptor signaling pathway, signal translation via IL1R, MAPK signaling pathway, Nod-like receptor signaling pathway, etc.

Studies have shown that AKT1, TP53, IL6, JUN, CASP3, PT-GS2, MMP9, EGFR, CXCL8, HSP90AA1, MAPK8, MAPK1, these proteins are mainly involved in the regulation of cell proliferation and apoptosis processes. Numerous studies have shown that cell proliferation and apoptosis play a key role in the pathogenesis of CAG [33]. CAG is associated with the gastric mucosal barrier damage, cell proliferation and apoptosis imbalance in rats. One of its mechanisms may be the reduced expression of the epidermal growth factor receptors EGFR and NF-Kb in the gastric mucosa [31]. Mitochondrial damage, P53 signaling pathway and DNA damage response can all cause early gastric carcinogenesis by inducing apoptosis. In the early stages of gastric cancer, mitosis is associated with tumour suppression and mitosis removes mitochondrial and mitochondrial DNA damage, which protects healthy cells from malignant transformation and tumour cells from [34]. p53 targets are involved in apoptotic pathway and the occurrence of gastric carcinogenesis [35]. DNA damage response-1 (REDD1) is a ubiquitous conserved protein that can be induced by multiple stimuli. However, the regulation, function and clinical relevance of REDD1 in H. pylori-associated gastritis is currently unknown [36]. Cellular senescence is a predisposing factor for carcinogenesis and is a distinct phenomenon in the gastric mucosal tissue of H. pylori positive CAG patients [37]. Gastric mucosal atrophy is highly correlated with cellular senescence [38].

TGF-*β*1 can prevent the benign growth of gastric glands and activate the conversion of myofibroblasts into smooth muscle cells, which plays a key role in the occurrence and development of CAG. The expression of TGF- $\beta$  is positively correlat-

ed with H. pylori-induced chronic gastritis and is significantly expressed in precancerous gastric cells [39]. Knockdown of ErbB2 promotes apoptosis in DNA-damaged (high) apoptotic (low) cells. pEGFR, pEGFR-ERBB2 and pERBB2 are mainly increased in gastritis or atrophic gastritis tissues [40]. Recent studies have shown that gastrin plays an important role in the occurrence and development of gastric cancer, and has certain impact on the growth and deterioration of cancer cells [41]. About 95% of gastrin in the human body is biologically active and exists in the form of *α*-amidated gastrin, of which the highest proportion of G-17 is synthesized and secreted by gastric sinus G cells. When AG occurs, the gastric sinus gland is reduced, the number of G cells in the sinus decreases, and serum G-17 levels decrease, which can be used as a marker to determine G cell function. The results of the G-17 assay in this paper show that when the gastric mucosa is atrophic, gastrin secretion is affected, the intrinsic glands disappear or are reduced, and both G-17 secreted by the gastric sinus and PGI secreted by the gastric body are significantly reduced [42]. Inflammation is an important factor affecting gastric mucosal proliferation and carcinogenesis, among which the most characteristic cell is TNF-*α* [43]. HP infection leads to chronic atrophic gastritis through activation of TLR2, TLR4/MAPK/N-F-κB/iNOS/NO signaling pathways [44]. Anti-inflammatory effects of rhein in chronic atrophic gastritis through Nrf2 and MAPK signaling pathways [45].

Quercetin [46], luteolin [47], kaempferol [48], and aloe emodin [49] can regulate the process of cell Ferroptosis. The field of cell death is rapidly evolving and a variety of cell death pathways have been identified, including apoptosis, necrosis, pyroptosis, ferroptosis, and autophagy-dependent cell death. [50] EGFR-related pathways of Ferroptosis and apoptosis in ovarian cancer [51]. P53 can enhance ferroptosis by inhibiting the expression of SLC7A11 (solute carrier family 7 member 11) or by enhancing the expression of SAT1 (spermidine/spermidine N1-acetyltransferase 1) and GLS2 (glutaminase 2). On the other hand, p53 inhibited ferroptosis by directly inhibiting DPP4 (dipeptidyl peptidase 4) activity or inducing CDKN1A/p21 (cell cycle protein-dependent kinase inhibitor  $1A$ ) expression [52]. The ferroptosis associated gene HIF1A is an effective biomarker for gastric adenocarcinoma [53].



High circulating Th17 and Th22 cells are associated with poor progression and survival of gastric cancer [54]. T cell of CD8+ that produce interleukin (IL)-17 (Tc17 cells) promote inflammatory progression and may be associated with poor prognosis. [55] AP-1 is a key transcription factor regulated by the mitogen activated protein kinase (MAPK) signaling pathway and plays a critical role in inflammation and cancer [56]. IL-13 is closely associated with the repair of gastric mucosal damage [57]. GPX4 is an important negative factor of ferroptosis, which has recently been shown to inhibit Caspase-11-dependent apoptosis and the release of IL-1*β* [50].

In summary, I speculated that DQQYZT's anti-CAG and its regulation of ferroptosis is a process involving multi-components, multi-targets and multi-pathways. However, the present study did not experimentally validate the tested active components, targets and pathways, but was only a predictive exploration relying on the existing relevant databases. Based on network pharmacology, the mechanism of action of drug molecules can be calculated, analyzed and predicted and the therapeutic effect of drugs can be discovered, which provides more powerful theoretical evidence for accelerating drug development and determining the direction of clinical trials, and provides scientific ideas and directions for subsequent basic research. However, network pharmacology still faces some challenges in practical application, such as the database is not perfect, and few people in network pharmacology research use animal tests or cell tests to verify the efficacy. Therefore, network pharmacology needs to be continuously refined and improved to make the screening of active ingredients and mechanisms of action more convincing [58].

# **Data Availability**

The datasets generated during the current study are available

from the corresponding author upon reasonable request.

#### **Conflicts of Interest**

The authors declared that they have no conflicts of interest regarding this work.

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### **Author Contributions**

Yingying Fang,Jingyu Zhan and Ming Chen designed the study and was responsible for the feasibility analysis and supervision of the study. Bing Wang and Bingbing He drafted the manuscript. Jiajia Chen and Yue Shi collected data. Wenyu Fan,Caihong Song and Ying Li analyzed data. Hongliang Geng, Xiaoming Yan and Yuhua Xiang revised manuscript drafts. All authors have made substantive intellectual contributions to the conceptualization and development of this study. All authors have read and agreed to the final version of the manuscript.

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**Supplementary Tables**



#### **Table S1:** Fig4 GO analysis FDR

**Table S2:** Fig5 KEGG analysis FDR

Term	<b>FDR</b>
Apoptosis	1.35230949185594E-18
Apoptotic Signaling in Response to DNA Damage	7.47748161687235E-18
Role of Mitochondria in Apoptotic Signaling	9.76790724901033E-17
p53 signaling pathway	3.49603972789562E-15
Cellular senescence	3.09540308646683E-14
DNA damage response	3.09540308646683E-14

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TGF-beta signaling pathway	2.50989568614349E-11
ErbB signaling pathway	2.0645524118022E-10
Salmonella infection	3.38160647626141E-09
IL-17 signaling pathway	3.85345825256248E-09
Gastrin signaling pathway	7.17078258530604E-09
TNF signaling pathway	8.02061426782535E-07
Th17 cell differentiation pathway	1.3272200271744E-08
T cell receptor signaling pathway	2.20011845464403E-08
C-type lectin receptor signaling pathway	6.31554185157756E-08
Toll-like receptor signaling pathway	0.0000001034563507122
Signal transduction through IL1R	1.11810920727782E-07
MAPK signaling pathway	1.25514112135826E-07
RANKL/RANK signaling pathway	2.21394313447953E-07
NOD-like receptor signaling pathway	2.95650334462283E-07

**Table S3:** Fig8 KEGG analysis FDR



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