

灯盏细辛注射液治疗血瘀型急性脑梗死 30 例疗效观察

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[摘要]目的: 观察灯盏细辛注射液治疗血瘀型急性脑梗死的临床疗效。方法: 将 60 例患者随机分为 2 组各 30 例。2 组均给予相同的基础治疗, 治疗组同时给予灯盏细辛注射液静脉滴注, 对照组同时给予低分子肝素(速避凝)皮下注射。观察治疗前后血瘀证积分和神经功能缺损积分变化情况。结果: 总有效率治疗组为 86.67%, 对照组为 63.33%, 2 组比较, 差异有显著性意义($P < 0.05$)。2 组治疗后血瘀证积分、神经功能缺损积分均有显著降低, 治疗前后比较, 差异均有非常显著性意义($P < 0.01$); 但治疗组降低更为明显, 2 组治疗后比较, 差异有显著性意义($P < 0.05$), 治疗组疗效优于对照组。结论: 灯盏细辛注射液治疗血瘀型脑梗死安全有效, 疗效优于速避凝。

[关键词]脑梗死; 血瘀证; 中西医结合疗法; 灯盏细辛注射液

[中图分类号]R743.33 **[文献标识码]**A **[文章编号]**0256-7415(2009)06-0019-02

急性脑梗死(Acute Cerebral Infarction, ACI)是内科常见的急危重症之一, 如能及时采取措施恢复缺血区的血液供应, 则缺血区域的脑组织损伤基本可逆^[1-2]。急性脑梗死属于中医学中风病范畴, 病因可概括为风、火、痰、瘀、虚五端。血瘀不仅是急性脑梗死的重要的病理产物, 同时也是重要致病因素。笔者在既往相关研究的基础上, 进一步观察灯盏细辛注射液对于血瘀型急性脑梗死的临床疗效, 并与低分子肝素(速避凝)治疗作对比观察, 结果报道如下。

1 临床资料

1.1 诊断标准 西医诊断标准及神经功能缺损评分标准参照《各类脑血管疾病诊断要点》^[3]; 中医诊断标准参照《中风病诊断与疗效评定标准》(试行)^[4]; 血瘀证辨证参照《血瘀证诊断标准的研究》^[5]。选择: ①符合急性脑梗死诊断标准, 中医辨证为血瘀型。②首次脑梗死发病, 且在发病后 72 小时之内。③起病 24 小时后, 遗留有神经局灶功能缺损者。④神经功能缺损评分达中型标准。⑤临床症状、体征、颅脑 CT 或 MRI 支持病灶定位在颈内动脉分布区。⑥入院前 1 周内未使用过抗凝药物。⑦年龄 35~75 岁。并排除: ①年龄在 35 岁以下, 75 岁以上者。②合并有严重的心血管(血压 $\geq 190/120$ mmHg 或心功能 $>III$ 级或严重心律失常)、肝脏和肾脏功能异常、以及其他脏器功能不全等。③吸毒或其他精神性药物滥用者。④伴有严重的神经功能缺损的患者, 如失语、失认、严重偏瘫、视听障碍等。⑤腔隙性脑梗死、无明显肢体功能障碍的颞叶梗死。⑥短暂性脑缺血发作者。⑦检查证实由脑肿瘤、脑外伤、脑寄生虫病、其他心脏病合并房颤引起脑栓塞者。⑧妊娠或哺乳期妇女, 对本药成分过敏者。⑨合并有肝、肾、造

血系统和内分泌系统等严重原发性疾病, 精神病患者。

1.2 一般资料 观察病例均来自 2007 年 3 月~2008 年 3 月本院神经内科住院部, 共 60 例, 随机分为 2 组各 30 例。治疗组男 16 例, 女 14 例; 年龄 50~75 岁, 平均(72.2 \pm 8.08)岁。对照组男 17 例, 女 13 例; 年龄 52~73 岁, 平均(71.2 \pm 9.05)岁。2 组年龄、性别分布经统计学处理, 差异均无显著性意义($P > 0.05$), 具有可比性。

2 治疗方法

治疗组与对照组的基础治疗完全相同, 不使用任何可能影响临床观察指标的药物或干扰临床疗效观察的其它药物, 在基础治疗的同时分组治疗。

2.1 治疗组 灯盏细辛注射液(每 10mL 含总黄酮 90mg, 由云南生物谷灯盏花药业有限公司提供, 批号: 国药准字 Z53021569)20mL, 加入生理盐水 250mL 中, 静脉滴注, 每天 1 次, 连续治疗 14 天。

2.2 对照组 低分子肝素(商品名称: 速避凝 Fraxiparine. 由杭州贵诺非——圣德拉堡民生制药有限公司提供, 批号: 国药准字 J20040118)0.4mL(4100Atazu)腹壁前外侧皮下注射, 每天 2 次, 连续治疗 14 天。

3 观察指标与统计学方法

3.1 疗效指标 观察治疗前后的临床症状、血瘀证积分、神经功能缺损积分。血瘀证评分标准参照《血瘀证诊断标准的研究》^[5]: 以 19 分以下为非血瘀证, 20~49 分为轻度血瘀证, 50 分以上为重度血瘀证。

3.2 安全性指标 治疗过程中每周监测血常规、尿常规、凝血 4 项、肝肾功能、心电图变化, 记录不良反应。4 周后复查

[收稿日期]2009-03-12

[基金项目]2008 年度广东省中医药局建设中医药强省科研课题(编号: 2008256)

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颅脑 CT 或 MRI, 观察治疗前后病灶变化情况。

3.3 统计学方法 所有测定数据均以均数 ± 标准差表示, 计量资料采用 *t* 检验, 计数资料采用卡方检验, 各指标的相关性分析采用 Bivariate - Pearson Correlation, 并进行显著性检验, 所有统计数据均经 SPSS13.0 软件处理。

4 疗效标准与治疗结果

4.1 疗效标准 采用《脑卒中患者临床神经功能缺损程度评分标准》^[1], 在治疗前及治疗 14 天后记录得分情况, 评定疗效。显效: 功能缺损评分减少 46% ~ 100%, 病残程度为 0 ~ 3 级。有效: 功能缺损评分减少 18% ~ 45%。无效: 功能缺损评分减少 18% 以下或增多。

4.2 2 组临床疗效比较 治疗组显效 6 例, 有效 20 例, 无效 4 例, 总有效率为 86.67%; 对照组显效 4 例, 有效 15 例, 无效 11 例, 总有效率为 63.33%, 经 Radit 检验, 2 组临床疗效比较, 差异有显著性意义 ($P < 0.05$), 治疗组的疗效优于对照组。

4.3 血瘀型 ACI 患者治疗前后血瘀证积分及神经功能缺损积分变化比较 见表 1。结果显示: 2 组患者治疗后血瘀证积分、神经功能缺损积分均有显著降低, 治疗前后比较, 差异均有非常显著性意义 ($P < 0.01$); 但治疗组降低更为明显, 2 组治疗后比较, 差异有显著性意义 ($P < 0.05$)。

表 1 血瘀型 ACI 患者治疗前后血瘀证积分及神经功能缺损积分变化比较 ($\bar{x} \pm s$) 分

组别	n	血瘀证积分		神经功能缺损积分	
		治疗前	治疗后	治疗前	治疗后
治疗组	30	39.53 ± 10.04 ^①	14.80 ± 6.05 ^{②③}	23.03 ± 4.54 ^①	11.97 ± 8.68 ^{②③}
对照组	30	37.40 ± 9.47	21.97 ± 7.18 ^②	22.80 ± 5.05	16.63 ± 5.98 ^②

与对照组治疗前比较, ① $P > 0.05$; 与同组治疗前比较, ② $P < 0.01$; 与对照组治疗后比较, ③ $P < 0.05$

4.4 不良反应 治疗组有 5 例凝血功能轻度异常, 疗程结束后 1 周恢复正常; 对照组未见明显不良反应。

5 讨论

近几年, 通过溶栓、降纤等治疗, 脑梗死的临床疗效有了明显的提高, 但迄今为止各种治疗方法尚未达到较为理想的程度, 大部分患者在脑卒中后都遗留不同程度的残疾。由于受诸多因素影响, 临床上适合溶栓的患者只占少数, 如何使大多数脑卒中患者获得有效的治疗, 一直受到患者和医师的关注。

急性脑梗死属中医学缺血性中风范畴。其病机特点为正气本虚, 脑脉痹阻, 瘀血阻滞而致血流缓慢, 邪气鼓动而致气血逆乱。瘀阻脑络, 则经隧不通, 气血津液不能上达脑窍, 气欲行而不通, 血欲濡亦不能, 故见肢体废痿不用诸症。其病变的中心环节乃是血瘀。故治疗的根本大法为活血化瘀。灯盏细辛注射液具有活血化瘀止痛的功效, 为活血化瘀之良药。

灯盏细辛注射液是从云南特有的高原菊科短葶飞蓬属植物

灯盏花中提取的有效成分制成, 其有效成分为灯盏乙素、二咖啡奎宁酸、原儿茶酸、对羟基苯甲酸、丁香酸、高黄芩素、芹菜素等黄酮类化合物, 为纯中药制剂。药理研究^[7]证明, 灯盏细辛注射液具有舒张脑血管、增加脑血流量、改善微循环、抑制血小板、降低血液黏稠度、促进纤溶活性、改变血液流动性、拮抗脂质过氧化、清除自由基等作用, 并有改善微循环, 增加梗死区的血氧供应, 保护梗死区的组织, 促进梗死区功能恢复的作用。本研究显示, 治疗组患者经过 2 周治疗后, 临床疗效、神经缺失症状评分情况都优于对照组。使用过程中, 未发现明显的副作用及其他并发症, 值得在临床上推广应用。

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(编辑: 黎国昌)

· 书讯 · 《中医基础理论体系现代研究》, 本书是在挖掘中医基础理论内涵特色的基础上, 对近年中医基础理论体系现代研究进行系统而较为完整的总结而成。全书共分 9 篇, 包括阴阳五行、藏象、气血津液、经络、病因病机、治则治法、人格体质等学说的现代研究以及研究思路和方法; 新理论、新技术在中医基础理论研究中的应用; 另附特约专家论坛等内容。资料新颖, 内容丰富。每册 95 元。

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ABSTRACTS OF ORIGINAL ARTICLES

Relationship Between Endothelial Nitric Oxide Synthase G894T and Traditional Chinese Medical Syndrome Patterns in Essential Hypertension Patients

WAN Yingxin (万迎新), ZHANG Tiezhong (张铁忠)

Abstract: Objective: To explore the relationship of endothelial nitric oxide synthase (eNOS) G894T with traditional Chinese medical (TCM) syndrome patterns in essential hypertension (EH) patients. **Methods:** Polymerase chain reaction-restriction fragment length polymorphism (PCR-RFLP) was used to detect the mutation frequency of eNOS G894T in 168 EH patients and in 42 volunteers with normal blood pressure. The genotype frequency and allele frequency of eNOS G894T in the two groups were detected, and the relationship of TCM syndrome patterns with eNOS G894T gene polymorphism was investigated. **Results:** The genotype frequency of eNOS G894T in the two groups was subjecting to Hardy-Weinberg balance, the difference being very significant ($P < 0.01$). The incidence of eNOS G894T genotype TT homozygote was higher in EH patients with hyperactivity of liver fire than that in EH patients with deficiency of yin and yang ($P < 0.05$). The difference was insignificant between the other TCM syndrome patterns. **Conclusion:** EH patients with different TCM syndrome patterns present some features of molecular genetics, which is worth of further research.

(Original article on page 15)

Therapeutic Effect of Dengzhan Xixin Injection for the Treatment of Acute Cerebral Infarction with Blood Stasis: An Observation of 30 Cases

WU Zuqiang (巫祖强)

Abstract: Objective: To observe the therapeutic effect of Dengzhan Xixin Injection (DXI) for the treatment of acute cerebral infarction (ACI) with blood stasis. **Methods:** Sixty patients were equally randomized into 2 groups. The two groups received the same routine western treatment, and additionally the treatment group received intravenous injection of DXI and the control group received subcutaneous injection of low molecular weight heparin. The score of blood-stasis syndrome and neurological deficit was observed before and after treatment. **Results:** The total effective rate was 86.67% in the treatment group and 63.33% in the control group, the difference being significant between the two groups ($P < 0.05$). The scores of blood-stasis syndrome and neurological deficit were decreased in the two groups after treatment ($P < 0.01$ compared with that before treatment), and the decrease was obvious in the treatment group ($P < 0.05$). **Conclusion:** DXI is effective and safe for the treatment of acute cerebral infarction (ACI) with blood stasis, and its effect is better than low molecular weight heparin.

(Original article on page 19)

Clinical Observation on Jiannao Tongluo Oral Liquid for the Treatment of Acute Cerebral Infarction with Qi Deficiency and Blood Stasis

LI Guojing (李国菁), WANG Xingkuan (王行宽), YAN Haocheng (严浩成), et al.

Abstract: Objective: To observe the therapeutic effect of Jiannao Tongluo Oral Liquid (JTOL) for the treatment of acute cerebral infarction (ACI) with Qi deficiency and blood stasis. **Methods:** Sixty-four ACI patients with Qi deficiency and blood stasis were equally randomized into 2 groups. The treatment group received oral use of JTOL and the control group received Xiaoshuang Oral Liquid. The treatment lasted 15 days. **Results:** The difference of syndrome scores after treatment was very significant in the two groups as compared with that before treatment ($P < 0.01$). The improvement of syndrome scores was better in the treatment group than that in the control group ($P < 0.05$). The markedly effective rate in the treatment group differed from that in the control group ($P < 0.05$). The effect on relieving the symptoms of hemiplegia, difficulty in speech and soreness in the waist was superior in the treatment group to that in the control group ($P < 0.05$). But on relieving the symptoms and signs of deviation of tongue and mouth, abnormal sensation, bright pale complexion, shortness in breath and lassitude, spontaneous sweating, vertigo and dizziness, tinnitus, the two groups had the same effect ($P > 0.05$). The neurological deficit score was improved in both after treatment ($P < 0.01$ compared with that before treatment), and the improvement was very obvious in the treatment group ($P < 0.01$). So did the activity of daily life ($P < 0.01$). The clinical therapeutic effect was better in the treatment group than that in the control group ($P < 0.05$). **Conclusion:** JTOL which has the actions of tonifying kidney, strengthening Qi and activation blood, is effective for the treatment of acute cerebral infarction.

(Original article on page 21)

Relationship Between Traditional Chinese Medical Syndrome Patterns and Associated Factors in Essential Hypertension Patients from Different Regions

WANG Yandong (王严冬), LIU Zhilong (刘志龙), LIU Peizhong (刘培中), et al.

Abstract: Objective: To explore the relationship between traditional Chinese medical (TCM) syndrome patterns and associated factors in essential hypertension (EH) patients from different regions. **Methods:** An investigation was carried out in a total of 600 EH patients, of which 300 were from Zuhai of Guangdong province, 100 from Changzhou of Jiangsu province, 100 from Nanjiang of Jiangsu province, and 100 from Shenyang of Liaoning province. The general status, constitution, lifestyle, dietary habits of EH patients were observed, and the relationship between TCM syndrome patterns and the above associated factors were analyzed. **Results:** TCM syndrome patterns varied from different regions. The principal syndrome patterns of EH patients from Zuhai were blood-stasis blocking collaterals (32.7%), phlegm and blood-stasis blocking collaterals (22.3%), yin deficiency of liver and kidney (21.7%), hyperactivity of liver yang (17.0%), upward disturbance of phlegm-fire (15.7%), hyperactivity of liver-fire (14.7%). The main syndrome patterns shown in EH patients from Changzhou and Nanjing were as follows: yin deficiency of liver and kidney (29% and 39% respectively), hyperactivity of liver yang (26% and 37% respectively), excessive turbid phlegm (13% and 12% respectively), and phlegm and blood-stasis blocking collaterals (6% and 12% respectively). The main syndrome patterns in EH patients from Shenyang were hyperactivity of liver yang (31%), insufficiency of heart blood (30%), blood-stasis blocking collaterals (24%), yin deficiency of liver and kidney (23%). The difference of syndrome patterns was significant in EH patients with different constitution, lifestyle and dietary habits also have obvious differences among different regions ($P < 0.05$, $P < 0.01$). **Conclusion:** The TCM syndrome patterns in EH patients vary from different regions, and are correlated with their lifestyle, dietary habits and constitution to some extent.

(Original article on page 23)

Distribution and Evolution of TCM Syndrome Patterns in Perioperative Congenital Heart Disease

LIN Dongqun (林冬群), ZENG Minran (曾敏然), LIN Yu (林子), et al.

Abstract: Objective: To investigate the distribution and evolution of TCM syndrome patterns in perioperative congenital heart disease (PCHD). **Methods:** The medical record of 230 PCHD patients was analyzed, and the relationship between TCM syndrome patterns and clinical objective pa-

rameters were investigated. **Results:** On the 1st day after operation, the incidence of Qi deficiency, yang deficiency, blood deficiency, blood stasis, turbid phlegm, Qi-yin deficiency, Qi deficiency with phlegm and blood stasis differed from that one day before operation ($P < 0.01$). The incidence of yang deficiency, blood deficiency, turbid phlegm and Qi-yin deficiency on the 3rd day after operation differed from that on the 1st after operation ($P < 0.01$). On the 7th day after operation, the incidence of yang deficiency, blood deficiency, blood stasis, turbid phlegm, Qi-yin deficiency, Qi deficiency with phlegm and blood stasis differed from that on the 3rd day after operation ($P < 0.05$). The incidence of Qi deficiency, blood deficiency, and Qi-yin deficiency was lower ($P < 0.05$), and that of yang deficiency, blood stasis and turbid phlegm after TOF operation was higher ($P < 0.01$) than that in non-operated patients. CHD patients had higher incidence of yang deficiency after VSD operation, higher incidence of Qi-yin deficiency after ASD operation, and higher incidence of turbid phlegm and Qi deficiency with phlegm and blood stasis after PS operation ($P < 0.01$). CHD patients with yang deficiency had lower age and body weight, and higher Pp/Ps and CI than those with other syndrome patterns ($P < 0.01$). The cardiopulmonary bypass time was longer in CHD patients with yang deficiency and blood deficiency, and Pp/Ps was lower in patients with turbid phlegm and Qi deficiency with phlegm and blood stasis than that with other syndrome patterns ($P < 0.01$). **Conclusion:** The distribution of TCM syndrome patterns in CHD patients varies from the perioperative periods, and there has a certain correlation between the objective parameters and syndrome patterns.

(Original article on page 26)

Therapeutic Effect of Chinese and Western Medicine on Diabetic Retinopathy: An Observation of 286 Eyes

TANG Xilin (唐霖麟)

Abstract: Objective: To observe the therapeutic effect of Chinese and western medicine on diabetic retinopathy (DP). **Methods:** Three hundred DP patients (involving 420 eyes) were randomized into 2 groups: 200 patients (involving 286 eyes) were in the treatment group, and 100 patients (involving 134 eyes) were in the control group. The two groups received photo-coagulation therapy and oral use of vitamin C and E, and additionally the treatment group received oral use of Xueshuangtong Soft Capsules, and the control group received oral use of Weinaolung. **Results:** In the treatment group, 56 (19.6%) eyes were markedly effective, 182 (63.6%) eyes were effective, 48 (16.8%) eyes were ineffective, and the total effective rate was 83.2%; in the control group, 26 (19.4%) eyes were markedly effective, 58 (43.2%) eyes were effective, 50 (37.3%) eyes were ineffective, and the total effective rate was 62.7%. The difference of the total effective rate was significant between the two groups ($P < 0.05$). **Conclusion:** Xueshuangtong Soft Capsules combined with krypton laser therapy is effective for the treatment of DP, which has the effect of improving eyesight, reducing the dose of photo-coagulation therapy, and shortening the disease course.

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Clinical Observation of Guanjiakang for the Treatment of Knee Osteoarthritis: A Report of 22 Cases

LIANG Du (梁笃), FAN Yueguang (樊粤光), WANG Haibin (王海彬)

Abstract: Objective: To observe the therapeutic effect of Guanjiakang for the treatment of knee osteoarthritis (KOA). **Methods:** Forty-six KOA patients with liver-kidney insufficiency and dysfunction of blood vessels were randomized into 2 groups: the control group received celecoxib, and the treatment group received celecoxib combined with Guanjiakang. The treatment lasted 36 weeks. **Results:** After treatment for 4, 12 and 36 weeks, the scores of pain in knee joint and the knee function in the two groups differed from those before treatment ($P < 0.05$), and the difference was significant between the two groups after treatment for 36 weeks ($P < 0.05$). The total score in the two groups after treatment for 4 and 12 weeks differed from that before treatment ($P < 0.05$), and the difference was significant between the two groups after treatment for 12 and 36 weeks ($P < 0.05$). **Conclusion:** Celecoxib has a short-term effect on relieving joint function and pain, and Guanjiakang has a long-term effect. Guanjiakang combined with celecoxib exerts a better effect than celecoxib or Guanjiakang alone.

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Clinical Observation on Bee-sting Therapy Based on Acupoint Selection on Heavenly-stems and Earthly-branches Cycle for the Treatment of Rheumatoid Disease

LI Jianqiang (李健强), ZENG Xianglong (曾祥龙)

Abstract: Objective: To observe the therapeutic effect of bee-sting therapy based on acupoint selection on heavenly-stems and earthly-branches cycle for the treatment of rheumatoid disease. **Methods:** Based on the theory of acupoint selection on heavenly-stems and earthly-branches cycle, bee-sting therapy was carried out in 43 patients with rheumatoid disease. Meanwhile, the patients received oral use of Chinese herbal medicine. The treatment lasted 4 courses. After treatment, the therapeutic effect was evaluated. **Results:** Of 43 patients, 8 (18.6%) was short-term relieved, 27 (62.8%) markedly effective, 5 (11.6%) effective, 3 (7.0%) ineffective, and the total effective was 93.0%. **Conclusion:** Bee-sting therapy based on acupoint selection on heavenly-stems and earthly-branches cycle exerts a certain effect for the treatment of rheumatoid disease.

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Expression of CD80/CD86 in Maternal-fetal Interface of Abortion Rats with Kidney Deficiency and the Regulation of Chinese Medicine

ZENG Cheng (曾诚), LUO Songping (罗颂平), LI Kunyin (李坤寅), et al.

Abstract: Objective: To observe the expression of costimulatory molecules CD80, CD86 and CD28 as well as cytotoxic T lymphocyte associated antigen (CTLA-4) in uterine deciduae of abortion rats with kidney deficiency, and to explore the immunoregulatory effect and mechanism of Zhuyun Pill No. 3 (ZP3) on pregnancy. **Methods:** Kidney-deficiency abortion in rats was induced by gastric perfusion of hydroxyurea and mifepristone. The rats were randomized into 6 groups: blank group, model group, western medicine group, low-, middle- and high-dose ZP3 groups. The expression of CD80, CD86 and CD28 as well as CTLA-4 in uterine deciduae of rats was detected by flow cytometry. **Results:** Higher expression of CD80/CD86 and CD28, and lower expression of CTLA-4 were shown in maternal-fetal interface of abortion rats with kidney deficiency ($P < 0.05$). After treatment, CD80/CD86 and CD28 expression in the model group were down-regulated, and CTLA-4 expression was up-regulated in western medicine group and high-dose ZP3 group ($P < 0.05$). **Conclusion:** ZP3 has preventive and therapeutic effect on abortion through regulating CD80/CD86 expression and reducing maternal immunological rejection.

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