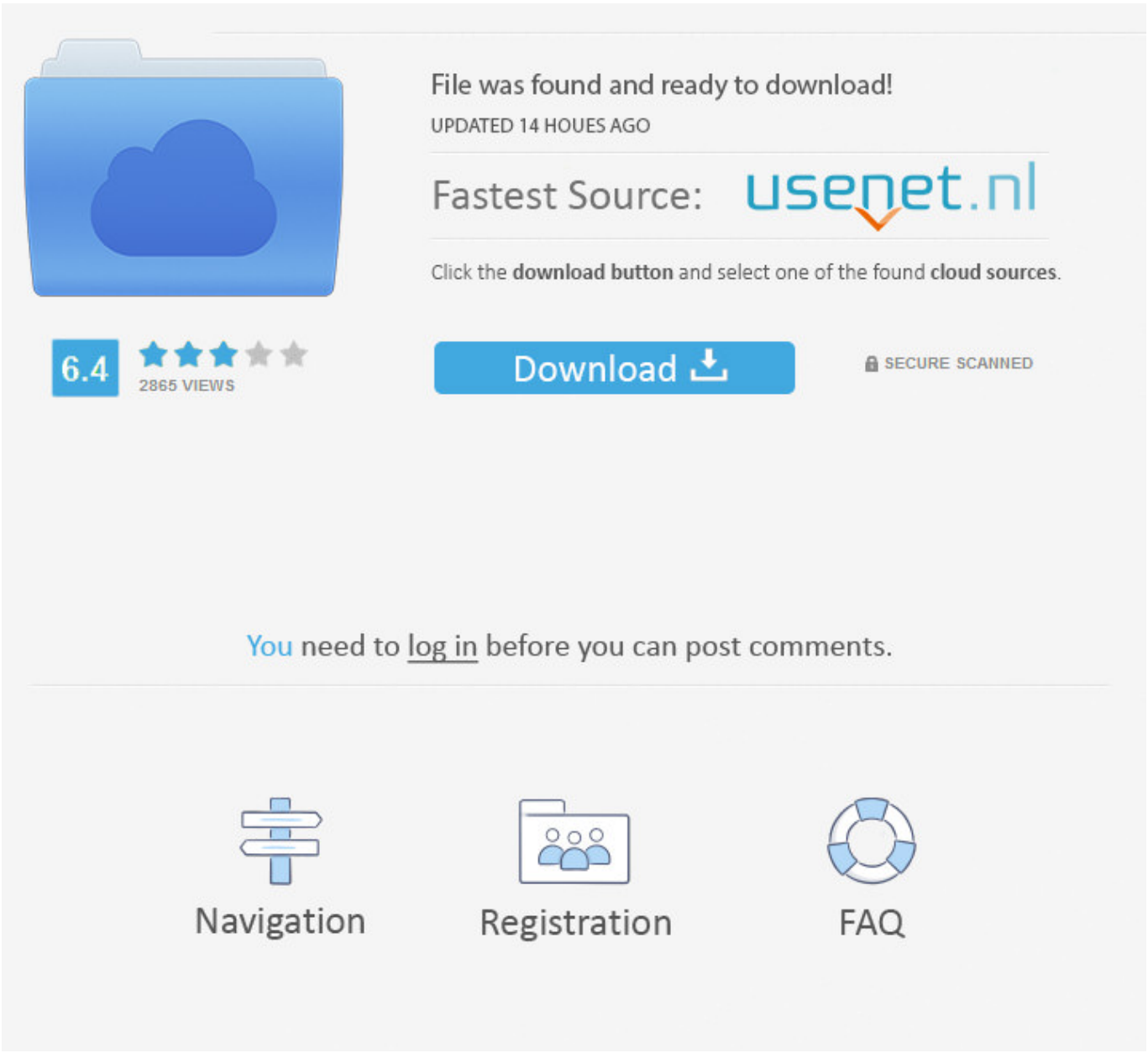

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24 (1996) 489–494

Treatment for patients with recurrent abortion with positive antiphospholipid antibodies using a traditional Chinese herbal medicine

Koichi Takakuwa, Masako Yasuda, Isao Hataya, Naoto Sekizuka, Masaki Tamura, Masato Arakawa, Masahiko Higashino, Isao Hasegawa, and Kenichi Tanaka

Department of Obstetrics and Gynecology, Niigata University School of Medicine, Niigata, Japan

1 Introduction

Recently, the implication of autoimmune abnormality in genesis of some sorts of reproductive failure has been reported. Several clinical reports have suggested that antiphospholipid antibodies such as anti-cardiolipin antibody increased the risk of spontaneous abortions, and the regimen consisted of the corticosteroid hormone and low-dose aspirin was reported to be an effective therapy for such patients. It is, however, well-known that corticosteroid can render undesriable adverse effects such as obesity, gastric ulcer, abnormality of glucose tolerance or osteoporosis, and the development of more safely applicable treatment instead of corticosteroid hormone is considered to be important. In this context, we administered a Japanese modified traditional Chinese herbal medicine Sairei-To (Chan ling-Tang) to patients with recurrent abortion who were found positive for antiphospholipid antibodies, and examined both the alteration of the value of antiphospholipid antibodies in the patients and the efficacy of the drug on the outcome of subsequent pregnancies of the patients.

2 Materials and methods

2.1 Patients (table I)

Twelve patients with recurrent abortion were treated in this series. All of them had experiences two or more consecutive abortions during the first trimester and had no other pregnancy history with the exception of one patient (Case C). None of the participants indicated the presence of any genetic impairment, mullerian anomaly, hormonal deficiency, infectious disease, metabolic disorder and/or manifested autoimmune deseases such as systemic lupus erythematosus.

All of the patients revealed positive ANA and one or more antiphospholipid antibodies.

2.2 Measurement of antiphospholipid antibodies

The detail of method for measurement of antiphospholipid antibodies has been described else-

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Curriculum vitae

Dr. KOICHI TAKAKUWA *passed his examination at the National Board of Medical Doctors in 1979, and obtained the degree of Ph. D. at Niigata University, Japan, in 1987 with the thesis of immunotherapy for unexplained recurrent abortion. He is now a lecturer (member of teacking staff) of the Department of Obstetrics and Gynecology, Niigata University School of Medicine. His special fields are reproductive immunology and perinatology.*

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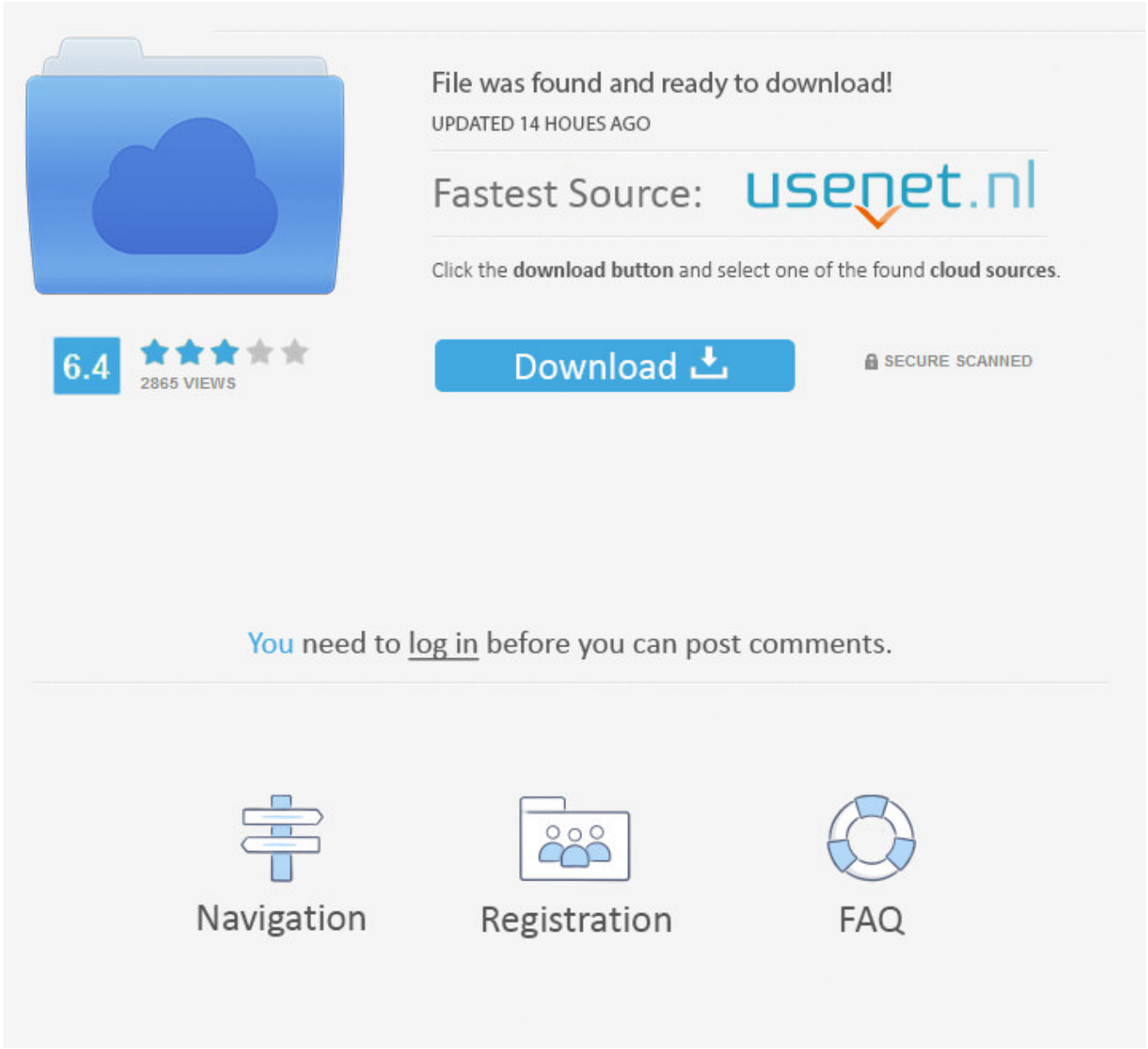
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