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Post-print of Expert Consensus on Chinese Patent Medicines for Prevention and Treatment of Panvascular Disease and Target Organ Damage

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Abstract

Pan-vascular disease, one of the leading causes of mortality among Chinese residents, is a systemic vascular syndrome characterized by atherosclerosis as its common pathological feature, capable of causing multi-system target organ damage involving the heart, brain, kidneys, retina, and peripheral vessels. Current prevention and control efforts for pan-vascular disease face critical challenges, as the subspecialization of Western medicine tends to foster excessive focus on localized lesions, whereas Traditional Chinese Medicine (TCM), with its syndrome differentiation and treatment system grounded in a holistic perspective, offers significant advantages in systemic prevention and management. Evidence-based research has substantiated the definitive therapeutic efficacy of Chinese patent medicines in systemic vascular diseases, particularly those related to atherosclerosis. At present, clinical guidelines based on evidence-based medical evidence for the prevention and treatment of pan-vascular disease and its target organ damage with Chinese patent medicines are lacking both domestically and internationally. This consensus was initiated by the China Association for Research and Development of Traditional Chinese Medicine and formulated by the expert panel of the “Expert Consensus on Prevention and Treatment of Pan-Vascular Disease and Its Target Organ Damage with Chinese Patent Medicines,” convened and led by the Medical Experimental Center of China Academy of Chinese Medical Sciences under the academic guidance of Academician Ge Junbo and Academician Chen Keji. Developed using the expert panel method, this consensus encompasses consensus development methodology, TCM theoretical interpretation of pan-vascular disease, evidence-based recommendation protocols for Chinese patent medicines in preventing and treating pan-vascular disease

and its target organ damage, and clinical application considerations, aiming to provide optimized integrative Chinese and Western medicine solutions for the whole-course management of pan-vascular disease, standardize the principles of Chinese patent medicine use in preventing and treating pan-vascular disease and its target organ damage, and enhance the scientific rigor and standardization of clinical practice.

Full Text

Expert Consensus on the Use of Traditional Chinese Patent Medicines in the Prevention and Treatment of Pan-Vascular Diseases and Their Target Organ Damage

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Abstract

Pan-vascular diseases represent a systemic vascular syndrome characterized by atherosclerosis as a common pathological feature, representing one of the leading causes of death among Chinese residents. These conditions can lead to damage in multiple target organs, including the heart, brain, kidneys, retina, and peripheral vessels. Current prevention and control efforts face critical challenges, as Western medicine's disciplinary specialization often leads to excessive focus on localized lesions. In contrast, Traditional Chinese Medicine's (TCM) holistic diagnostic and therapeutic system offers distinct advantages in systemic management. Evidence-based research confirms the efficacy of Chinese patent medicines in treating systemic vascular diseases, particularly those related to atherosclerosis. Currently, there is a lack of clinical guidelines based on evidence-based medicine for the prevention and treatment of pan-vascular diseases and their target organ damage using Chinese patent medicines, both domestically and internationally. This consensus was initiated by the China Association for the Promotion of Traditional Chinese Medicine. Under the academic guidance of Academician Ge Junbo and Academician Chen Kejie, the Experimental Research Center of China Academy of Chinese Medical Sciences led the formation

of the Expert Group for the “Expert Consensus on the Prevention and Treatment of Pan-Vascular Diseases and Their Target Organ Damage Using Chinese Patent Medicines.” This consensus was developed through a panel of renowned physicians, covering consensus development methodologies, TCM theoretical interpretations of pan-vascular diseases, evidence-based recommendations for TCM patent medicines in their prevention and treatment, and clinical application considerations. It aims to provide an optimized integrated Chinese and Western medicine solution for the comprehensive management of pan-vascular diseases, standardize the principles of TCM patent medicine use in preventing and treating pan-vascular diseases and target organ damage, and enhance the scientific rigor and standardization of clinical practice.

Keywords: Pan-vascular disease; Vascular diseases; Target organ damage; Chinese patent medicines; Expert consensus; Medication principles

1.3 Consensus Literature Retrieval Strategy

This expert consensus adopted the PRISMA standard process for literature screening and formulated a literature retrieval strategy. Chinese keywords included “coronary heart disease,” “arrhythmia,” “heart failure,” “hypertension,” “cerebral infarction,” “cerebral hemorrhage,” “stroke,” “chronic kidney disease,” “retinopathy,” and “peripheral vascular disease.” English keywords included “Coronary heart disease,” “arrhythmia,” “heart failure,” “hypertension,” “cerebral infarction,” “cerebral disease,” and “peripheral vascular disease.” These disease terms were combined with “Chinese patent medicine” and “pan-vascular disease” as subject terms, using Boolean operators (AND/OR) to construct search formulas. The search was conducted in authoritative Chinese and English databases including Wanfang Data Knowledge Service Platform, China National Knowledge Infrastructure (CNKI), PubMed, Embase, Web of Science, and Cochrane Library, with the retrieval period extending to July 31, 2025.

1.4.1 Inclusion Criteria

The inclusion criteria were as follows: (1) Studies on Chinese patent medicines for treating pan-vascular diseases; (2) Priority given to studies published within the last five years; (3) Chinese patent medicines used alone or in combination with conventional Western medicine; (4) Literature types including expert consensus, clinical practice guidelines, systematic reviews (SR), Meta-analyses, and randomized controlled trials (RCT) with relatively high evidence levels.

1.4.2 Exclusion Criteria

The exclusion criteria were: (1) Studies involving other TCM treatment modalities such as acupuncture, massage, or auricular therapy; (2) Low-quality studies such as conference abstracts or non-peer-reviewed literature; (3) Low-quality literature with statistical errors or other logical flaws; (4) Duplicate publications

of inferior quality or incomplete information; (5) Non-Chinese or non-English literature.

1.5 Literature Screening and Data Extraction

Under the guidance of methodology experts, a data extraction form was developed. A structured database was established using Excel and NoteExpress software (V3.8.1). After removing duplicate documents, literature obtained from the search was screened and data extracted independently by two individuals according to the inclusion and exclusion criteria, using a standardized extraction form to collect core elements such as study title, abstract, and intervention measures. Disagreements were resolved through discussion or consultation with a third party.

1.6 Consensus Evidence Quality and Recommendation Standards

The evidence quality and recommendation strength grading in this consensus reference the standards provided by the Oxford Center for Evidence-Based Medicine (OCEBM) (2009 version), as shown in Table 1 . The recommendation strength grading is shown in Table 2 .

1.7 Chinese Patent Medicine Selection and Writing Standards

This consensus strictly follows the principle of “evidence-based priority, supplemented by consensus, with reference to experience.” The selection of Chinese patent medicines was conducted based on existing evidence-based medical evidence and multidisciplinary expert consensus. Chinese patent medicine varieties with literature support were systematically retrieved according to the search strategy, and evidence was comprehensively collected according to preset strategies. Methodological quality assessment was conducted on included studies. The selection relied on the *Chinese Pharmacopoeia (2025 Edition)*, *National Essential Medicines List (2018 Edition)*, *National Basic Medical Insurance, Work Injury Insurance, and Maternity Insurance Drug Catalogue (2024 Edition)*, and clinical guidelines/expert consensus on related diseases to determine the Chinese patent medicine varieties to be included.

This consensus only includes Chinese patent medicines with evidence levels of 1a, 1b, 2a, and 2b and recommendation strength of Grade A or B. Grade A recommended drugs are described in detail regarding their mechanisms of action, while Grade B recommended drugs have abbreviated mechanism descriptions. Dosage forms are arranged in the order of tablets, pills, capsules, granules, oral liquids, and injections. Drug instructions were verified through the DXY Drug Assistant (<https://drugs.dxy.cn/pc>), and cross-validation ensured information accuracy. Chinese patent medicines with the same ingredients but different dosage forms were categorized and integrated. The indications listed in this consensus are limited to diseases related to pan-vascular disease target organ

damage; other indications are not covered due to space limitations. Clinical use should strictly follow medical advice and be based on drug instructions.

1.8 Terms and Definitions

The TCM disease names and syndrome names in this expert consensus refer to GB/T16751.1–2023 *Clinical Terminology of Traditional Chinese Medical Diagnosis and Treatment—Diseases* and GB/T16751.2–2021 *Clinical Terminology of Traditional Chinese Medical Diagnosis and Treatment—Syndromes*.

2. TCM Understanding of Pan-Vascular Diseases

The pan-vascular system is a multi-level vascular network composed of arteries, veins, and lymphatic vessels, including macrovascular and microvascular systems, which undertake the core physiological functions of organ perfusion and metabolic regulation. Its systems biology concept highly aligns with the TCM “meridian-collateral” system, particularly with the deep theoretical connection to the collateral vessel theory. TCM theory holds that meridians are the channels for qi and blood circulation. As stated in *Lingshu · Maidu*: “The meridians are interior, the horizontally branching ones are collaterals, and the branches of collaterals are minute collaterals.” The three-level meridian system of “meridians-collaterals-minute collaterals” forms a theoretical mapping with the modern medical hierarchical structure of “macrovessels-microcirculation-capillaries,” where the microvascular system corresponds to the collateral vessel system.

TCM believes that collaterals serve as bridges connecting internal and external aspects and are places where qi and blood converge, thus also becoming pathways for external pathogenic invasion and transmission. Collateral disease refers to lesions occurring in the collaterals deep within the viscera, with pathogenesis centered on “deficiency, stasis, phlegm, and toxicity.” The collateral disease theory has a long history, with *Neijing* laying the foundation, *Jinkui Yaohue* establishing the treatment principle of “collateral disease should be treated by promoting circulation as tonification,” Ye Tianshi establishing the theoretical system of “chronic diseases entering collaterals,” Wang Yongyan’ s team innovatively constructing the “diseased collateral theory,” and Wu Yiling’ s team proposing the correlation between “vessels-collateral system” and the vascular system, providing a new paradigm for the prevention and treatment of heart-brain-kidney comorbidities. Compared with modern medicine’ s focus on local intervention, TCM emphasizes achieving systemic vascular homeostasis reconstruction through “regulating qi and dredging collaterals.”

TCM’ s holistic view, syndrome differentiation and treatment system, preventive treatment philosophy, and chronic disease entering collateral theory share identity with the prevention and control concepts of pan-vascular diseases, which combine systemic regulation and targeted local intervention. Compared with Western medicine’ s single-target intervention, TCM demonstrates unique

advantages in improving microcirculation, enhancing patient quality of life, and reducing mortality from related diseases through a network mechanism of “multi-component synergy-multi-target regulation-multi-pathway interaction,” forming a synergistic effect of “systemic regulation-precise targeting” with Western medicine and providing a more optimized solution for the whole-course management of pan-vascular diseases.

3. Chinese Patent Medicine Recommendations for Pan-Vascular Diseases

Chinese patent medicines demonstrate definite efficacy in treating systemic vascular diseases, particularly atherosclerosis-related conditions. Common dosage forms include oral formulations (tablets, pills, granules, capsules, and oral liquids), injectable formulations (injections and lyophilized powders for injection), and inhalation formulations (such as aerosols). Based on the functional indications in the Chinese Pharmacopoeia, essential medicines list, medical insurance catalogue, expert consensus/guidelines for related diseases, and drug instructions, the included Chinese patent medicines are categorized into 13 classes including blood-activating and stasis-resolving, qi-tonifying and yin-nourishing, yin-nourishing and kidney-tonifying, etc. Clinical application should be selected according to TCM syndrome differentiation.

3.1 Blood-Activating and Stasis-Resolving Category These medicines have the effects of promoting blood circulation, facilitating blood flow, and dissipating blood stasis. They can be used for chest pain, limb bi pain, dark complexion, cyanotic lips and nails, scaly skin, subcutaneous purpura, dark purple tongue with petechiae, varicose sublingual collaterals, choppy or irregular pulse caused by blood stasis obstruction.

(1) Guanxinling Tablets [26-29] (Class 1a evidence, Grade A recommendation): Recommended for chest bi with heart blood stasis obstruction syndrome. Indications: Stable angina pectoris of coronary heart disease. Mechanism: Anti-atherosclerotic effects, regulating blood lipid levels, anti-inflammatory, anti-oxidative stress, anti-platelet aggregation, protecting vascular endothelium, and regulating intestinal flora and its metabolites.

(2) Maiguan Fukang Tablets [30-31] (Class 1a evidence, Grade A recommendation): Recommended for gangrene with blood stasis obstruction syndrome. Indications: Vasculitis, arteriosclerotic lower limb vascular occlusion. Mechanism: Delays intimal hyperplasia by inhibiting the TGF- β 1/Smad pathway to protect blood vessels; also improves hemorheology, reduces whole blood high-shear viscosity, increases red blood cell deformability index, and has anti-thrombotic and anti-atherosclerotic effects.

(3) Longxue Tongluo Capsules [32-35] (Class 1a evidence, Grade A recommendation): Recommended for stroke with collateral blood stasis syndrome. Indications: Mild to moderate cerebral infarction recovery period. Mecha-

nism: Reduces hypoxia-induced apoptosis, oxidative stress, and inflammatory responses, with neuroprotective effects.

(4) Compound Xueshuantong Capsules [36-38] (Class 1a evidence, Grade A recommendation): Recommended for chest bi, stroke, and sudden blindness with blood stasis combined with qi and yin deficiency. Indications: Stable exertional angina pectoris of coronary heart disease, cerebral infarction, and retinal vein occlusion. Mechanism: Regulates inflammation, coagulation-fibrinolysis system, vascular tone, cell apoptosis-proliferation, and reactive oxygen metabolism through multiple pathways; also regulates blood pressure, stabilizes plaques, and repairs vascular endothelial function.

(5) Xixianc Tongshuan Capsules [39-40] (Class 1a evidence, Grade A recommendation): Recommended for stroke with wind-phlegm-blood stasis obstructing collaterals syndrome. Indications: Ischemic stroke. Mechanism: Direct risk factors for cerebral infarction through regulating blood lipids and blood pressure; treats cerebral vascular thrombosis and nerve cell necrosis caused by cerebral tissue ischemia and hypoxia by improving circulation and neurological function; and treats inflammation and secondary immune responses triggered by stroke by regulating inflammatory immune reactions.

(6) Naoxueshu Oral Liquid [41-46] (Class 1a evidence, Grade A recommendation): Recommended for stroke with qi deficiency and blood stasis syndrome. Indications: Acute and early recovery phases of hemorrhagic stroke. Mechanism: Protects nerves, repairs blood-brain barrier, regulates immunity, and promotes neovascularization.

(7) Danhong Injection [47-50] (Class 1a evidence, Grade A recommendation): Recommended for chest bi and stroke with blood stasis obstruction syndrome. Indications: Acute coronary syndrome (including unstable angina and myocardial infarction) and peri-PCI period; acute cerebral infarction, transient ischemic attack. Mechanism: Improves blood rheology, coagulation function, anti-cerebral/ cardiac ischemia-reperfusion injury, inhibits inflammation and oxidative stress, promotes angiogenesis, and protects peripheral nerves.

(8) Mailuoning Injection [51-52] (Class 1b evidence, Grade A recommendation): Recommended for gangrene with stasis-toxin obstructing collaterals syndrome. Indications: Thromboangiitis obliterans, arteriosclerotic occlusive disease, cerebral thrombosis and sequelae, venous thrombosis, etc. Mechanism: Exerts vascular protective effects by regulating hemorheology, anti-thrombosis, and reducing inflammatory factor release.

(9) Ginkgo Leaf Preparations [53-67] (including: Ginkgo Ketone Ester Tablets/Dispersible Tablets/Dropping Pills/Granules, Ginkgo Leaf Tablets/Capsules, Ginkgo Leaf Extract Injection, Shuxuening Injection, Ginkgolide Injection, Ginkgo Leaf Extract and Dipyridamole Injection) (Class 1a evidence, Grade A recommendation): Recommended for chest bi and stroke with blood stasis obstructing collaterals syndrome. Indications: Stable angina pectoris of coronary heart disease, cerebral infarction. Mechanism:

Anti-oxidative stress, regulates vascular tone, neuroprotective, anti-platelet aggregation, regulates glucose and lipid metabolism, antibacterial, and antiviral effects.

(10) Safflower Extracts [68-71] (including: Safflower Injection, Safflower Yellow Pigment Injection) (Class 1a evidence, Grade A recommendation): Recommended for stroke, chest bi, and gangrene with blood stasis obstructing collaterals syndrome. Indications: Coronary heart disease, ischemic stroke, vasculitis. Mechanism: Immunomodulatory, central sedation, improves microcirculation, protects ischemic-hypoxic brain tissue, lowers blood lipids, anti-inflammatory, and analgesic effects. Among them, injectable safflower yellow pigment has particularly significant hypotensive effects.

(11) Danshen Preparations [72-80] (including: Compound Danshen Dripping Pills, Salvianolate Injection, Compound Danshen Injection, Tanshinone IIA Sulfonate Injection) (Class 1a evidence, Grade A recommendation): Recommended for stroke, chest bi, and limb bi with blood stasis obstructing collaterals syndrome. Indications: Coronary heart disease angina, ischemic stroke, vascular dementia, arterial occlusive disease, vasculitis, diabetic microcirculation disorders, and other peripheral circulation 障碍 diseases. Mechanism: Exerts anti-inflammatory, anti-oxidative, and apoptosis-inhibiting pharmacological effects by regulating multiple signaling pathways including nuclear factor- B.

(12) Sanqi Preparations [81-88] (including: Xuesaitong Dropping Pills, Xuesaitong Capsules, Sanqi Tongshu Capsules, Thrombus-Removing Lyophilized Powder for Injection, Thrombus-Removing Injection, Xuesaitong Injection) (Class 1a evidence, Grade A recommendation): Recommended for stroke with cerebral collateral stasis obstruction syndrome, chest bi with heart vessel stasis obstruction syndrome, sudden blindness and pain bi with blood stasis obstruction syndrome. Indications: Coronary heart disease angina, myocardial infarction, cerebral infarction, retinal vein occlusion, deep vein thrombosis of lower limbs, and arteriosclerotic occlusive disease. Mechanism: Dilates coronary arteries, increases coronary blood flow, inhibits platelet activation, adhesion, and aggregation, reduces blood viscosity, anti-atherosclerotic and anti-thrombotic, also anti-cerebral ischemia-reperfusion injury, reduces cholesterol and triglyceride levels.

(13) Dengzhanhua Preparations [89-92] (including: Yimaikang Capsules, Dengzhan Shengmai Capsules, Dengzhan Xixin Injection, Breviscapine Lyophilized Powder for Injection) (Class 1a evidence, Grade A recommendation): Recommended for stroke with cerebral collateral stasis obstruction syndrome, chest bi with heart vessel bi obstruction syndrome, sudden blindness with blood stasis syndrome (Yimaikang Capsules). Indications: Coronary heart disease angina, cerebral infarction; fundus retinal vein occlusion (Yimaikang Capsules). Mechanism: Dilates cerebral and cardiovascular vessels, improves microcirculation, anti-coagulation, reduces blood viscosity and platelet aggregation rate, reduces brain injury, inhibits myocardial inflammation and cell apoptosis, relieves angina, and improves atherosclerotic plaques.

(14) Leech Preparations [93-97] (including: Maixuekang Enteric-Coated Tablets/Capsules, Chuanzhi Tongluo Capsules, Shuxuetong Injection) (Class 1a evidence, Grade A recommendation): Recommended for stroke with collateral blood stasis syndrome and chest bi with blood stasis syndrome. Indications: Acute cerebral infarction, coronary heart disease. Mechanism: Anti-coagulation, anti-platelet aggregation, and anti-thrombotic effects, along with anti-atherosclerotic, anti-tumor, anti-tissue fibrosis, cerebral protective, and cardiac protective effects.

3.2 Qi-Tonifying and Yin-Nourishing Category These medicines have the effects of tonifying qi and nourishing yin, applicable for symptoms of qi and yin deficiency such as palpitations, chest tightness, shortness of breath, dizziness, tinnitus, fatigue, lack of energy, limb numbness and spasms, or brittle nails, dry mouth and throat, five-center heat, tidal fever, and night sweats, with red tongue scant of fluid and coating, and deficient or rapid pulse.

(1) Buyi Qiangxin Tablets [98-100] (Class 1a evidence, Grade A recommendation): Recommended for chest bi, dizziness, dyspnea, and edema with qi and yin deficiency combined with blood stasis and water retention. Indications: Chronic congestive heart failure (NYHA Class II-III) due to coronary heart disease or hypertensive heart disease. Mechanism: Regulates fluid shear stress, apoptosis, and angiogenesis through multiple signaling pathways, with anti-atherosclerotic and anti-inflammatory effects.

(2) Shenyan Kangfu Tablets [101] (Class 1a evidence, Grade A recommendation): Recommended for edema and consumptive disease with qi and yin deficiency, spleen-kidney insufficiency, and internal water retention. Indications: Chronic nephritis, proteinuria, hematuria, etc. Mechanism: Repairs glomerular filtration barrier function, regulates immune function, improves liver function, increases protein synthesis, prevents hypoalbuminemia, diuretic and anti-edema effects, and antagonizes glucocorticoid side effects.

(3) Tongmai Yangxin Pills [102-105] (Class 1a evidence, Grade A recommendation): Recommended for chest bi and palpitations with qi and yin deficiency syndrome. Indications: Coronary heart disease angina and arrhythmia. Mechanism: Regulates the renin-angiotensin system to improve vascular endothelial function and inflammatory responses, while regulating ion channels, mitochondrial energy metabolism, and neuroendocrine system.

(4) Tianwang Buxin Dan [106-108] (Class 1a evidence, Grade A recommendation): Recommended for chest bi and palpitations with heart yin deficiency syndrome. Indications: Arrhythmia. Mechanism: Improves coronary circulation, anti-acute myocardial ischemia, improves cardiovascular hemorheology, anti-inflammatory, anti-oxidative damage, anti-aging effects.

(5) Shensong Yangxin Capsules [109-110] (Class 1a evidence, Grade A recommendation): Recommended for palpitations and chest bi with qi and yin deficiency and heart collateral stasis obstruction syndrome. Indications: Coro-

nary heart disease, ventricular premature contractions. Mechanism: Regulates electrophysiology, neuroendocrine system, and anti-arrhythmic effects.

(6) Yangxin Dingji Capsules [111-113] (Class 1a evidence, Grade A recommendation): Recommended for palpitations with qi and blood deficiency syndrome. Indications: Arrhythmia. Mechanism: Inhibits cardiac inflammation and oxidative stress responses, improves microcirculation dysfunction after myocardial ischemia-reperfusion, protects mitochondria, reduces drug cardiotoxicity, and has antiviral, blood viscosity-lowering, and lipid-lowering effects.

(7) Bailing Capsules [114-118] (Class 1a evidence, Grade A recommendation): Recommended for cough, dyspnea, etc. with lung-kidney qi deficiency syndrome. Indications: Chronic renal insufficiency with proteinuria, etc. Mechanism: Regulates immune function, anti-oxidative stress, anti-inflammatory, and renal protective effects.

(8) Wenxin Granules [119-123] (Class 1a evidence, Grade A recommendation): Recommended for palpitations and chest bi with qi and yin deficiency syndrome. Indications: Ventricular premature contractions, atrial premature contractions, coronary heart disease. Mechanism: Inhibits myocardial remodeling, improves electrophysiology, reduces fibrosis, regulates autonomic nerves, alleviates ischemia-reperfusion injury, protects myocardial cells, regulates cardiac conduction system, and inhibits arrhythmia occurrence.

(9) Shengmai Injection [124-128] (Class 1a evidence, Grade A recommendation): Recommended for palpitations, chest bi, and collapse with qi and yin depletion and pulse deficiency syndrome. Indications: Arrhythmia, heart failure, myocardial infarction, cardiogenic shock, septic shock. Mechanism: Anti-inflammatory, anti-oxidative, reduces myocardial cell apoptosis, increases coronary blood flow, reduces myocardial oxygen consumption, improves myocardial energy metabolism, and enhances body hypoxia tolerance.

(10) Shenmai Injection [129-136] (Class 1a evidence, Grade A recommendation): Recommended for chest bi and collapse with qi and yin deficiency syndrome. Indications: Coronary heart disease, viral myocarditis, chronic pulmonary heart disease, shock. Mechanism: Can improve clinical efficacy, renal function, and glucose-lipid metabolism in diabetic nephropathy patients, effectively reduce inflammatory response and oxidative stress levels. Additionally, it has regulatory effects on intestinal flora in chronic kidney disease patients.

(11) Yiqi Fumai Lyophilized Powder for Injection [137-139] (Class 1a evidence, Grade A recommendation): Recommended for chest bi with qi and yin deficiency syndrome. Indications: Stable angina pectoris of coronary heart disease and chronic left heart dysfunction (Classes II and III) caused by coronary heart disease. Mechanism: Enhances cardiac contractile function, delays ventricular remodeling, improves energy metabolism, improves microcirculation 障碍, and anti-oxidative effects.

3.3 Stasis-Resolving and Phlegm-Removing Category These medicines have the effects of activating blood and resolving stasis, resolving phlegm, and dispersing nodules. They are applicable for chest tightness, chest pain (fixed pain location), breathlessness, heavy dizziness, phlegm rumbling in the throat, limb numbness, subcutaneous nodules, mental decline, slow thinking, dull expression, forgetfulness, pale swollen tongue with tooth marks, thick greasy white coating, and slippery or wiry-slippery pulse caused by phlegm-stasis intermingling obstructing collaterals.

(1) **Danlou Tablets** [140-141] (Class 2b evidence, Grade B recommendation): Recommended for chest bi with phlegm-stasis intermingling syndrome. Indications: Coronary heart disease, angina pectoris.

(2) **Compound Congrong Yizhi Capsules** [142] (Class 2b evidence, Grade B recommendation): Recommended for dementia with liver-kidney deficiency combined with phlegm-stasis obstructing collaterals syndrome. Indications: Vascular dementia, etc.

3.4 Stasis-Resolving and Turbidity-Removing Category These medicines have the effects of activating blood and dredging collaterals, resolving turbidity and detoxifying. They are applicable for chest oppression, nausea and vomiting (sour-smelling vomitus), sticky mouth, poor appetite, abdominal distension, heavy body fatigue, turbid urine and foul stool, dull skin or jaundice, dark purple tongue, greasy coating (white or yellow), and deep choppy pulse caused by stasis-turbidity intermingling obstructing the triple burner.

(1) **Haikun Shenxi Capsules** [143-145] (Class 2b evidence, Grade B recommendation): Recommended for edema, consumptive disease, obstruction, and thirst with damp-turbidity syndrome. Indications: Chronic renal failure (compensatory, decompensatory, and early uremic stages) and diabetic nephropathy, etc.

(2) **Shenshuaining Capsules** [146-148] (Class 1a evidence, Grade A recommendation): Recommended for edema, consumptive disease, obstruction, and thirst with spleen-stomach qi deficiency and turbidity-stasis internal obstruction syndrome. Indications: Chronic renal insufficiency and diabetic nephropathy, etc. Mechanism: Antagonizes oxygen free radicals, reduces vascular endothelial oxidative stress injury, improves and optimizes vascular endothelial function. Long-term use can improve glomerular filtration rate, creatinine clearance, reduce serum creatinine, blood urea nitrogen, and 24-hour urine protein quantification in chronic renal failure patients.

(3) **Niaoduqing Granules** [149-151] (Class 1a evidence, Grade A recommendation): Recommended for edema, consumptive disease, obstruction, and thirst with spleen deficiency and damp-turbidity syndrome, as well as spleen deficiency syndrome. Indications: Chronic renal failure, azotemia stage, early uremic stage, and diabetic nephropathy, etc. Mechanism: Can affect the activity of

inflammatory cytokines, growth factors, chemokines, and anti-apoptotic factors, indirectly inhibit inflammatory reactions, improve glomerular filtration, and prevent glomerular sclerosis. However, improper use may cause nephrotoxicity and other adverse reactions.

(4) Shengkang Injection [152-153] (Class 1a evidence, Grade A recommendation): Recommended for edema, consumptive disease, obstruction, and thirst with damp-turbidity and blood stasis syndrome. Indications: Chronic renal failure. Mechanism: Can improve clinical efficacy, renal function, and glucose-lipid metabolism in diabetic nephropathy patients, effectively reduce inflammatory response and oxidative stress levels. Additionally, it has regulatory effects on intestinal flora in chronic kidney disease patients.

3.5 Liver-Calming and Yang-Subduing Category These medicines have the effects of calming the liver, subduing yang, clearing heat, and tranquilizing the mind. They are applicable for headache, dizziness, palpitations, insomnia, tinnitus, forgetfulness, irritability, anger, insomnia, tinnitus, blurred vision, tremor, sore and weak waist and knees, constipation, dark urine, red tongue with yellow coating, and wiry pulse caused by liver yang hyperactivity.

(1) Compound Luobuma Tablets/Granules [154-155] (Class 2b evidence, Grade B recommendation): Recommended for dizziness and headache with liver yang hyperactivity syndrome. Indications: Primary hypertension.

(2) Qiangli Dingxuan Tablets [156-157] (Class 1a evidence, Grade A recommendation): Recommended for dizziness and headache with liver yang hyperactivity syndrome. Indications: Primary hypertension, arteriosclerosis, and hyperlipidemia. Mechanism: Significantly reduces blood viscosity and fibrinogen content, reduces thrombus length, wet weight, and thrombus index, improves blood rheology, and inhibits thrombosis.

(3) Qingnao Jiangya Tablets/Capsules/Granules [158] (Class 2b evidence, Grade B recommendation): Recommended for dizziness and headache with liver yang hyperactivity syndrome. Indications: Primary hypertension.

(4) Niu Huang Jiangya Pills [159-160] (Class 2b evidence, Grade B recommendation): Recommended for dizziness and headache with heart-liver fire excess and phlegm-heat exuberance syndrome. Indications: Primary hypertension.

(5) Qinggan Jiangya Capsules [161-162] (Class 2b evidence, Grade B recommendation): Recommended for dizziness and headache with liver fire excess and liver-kidney yin deficiency syndrome. Indications: Primary hypertension.

(6) Songling Xuemaikang Capsules [163-166] (Class 1a evidence, Grade A recommendation): Recommended for dizziness and headache with liver yang hyperactivity syndrome. Indications: Hypertension and primary hyperlipidemia, etc. Mechanism: Significantly reduces blood pressure and blood lipids, anti-inflammatory, protects vascular endothelium. Has obvious therapeutic effects

on headache, dizziness, irritability, palpitations, and insomnia caused by primary hypertension.

(7) Tianma Gouteng Granules [167] (Class 2b evidence, Grade B recommendation): Recommended for dizziness and headache with liver yang hyperactivity syndrome. Indications: Primary hypertension.

(8) Tianzhi Granules [168-170] (Class 1b evidence, Grade A recommendation): Recommended for dementia with liver yang hyperactivity syndrome. Indications: Mild to moderate vascular dementia. Mechanism: Repairs neuronal and synaptic ultrastructural damage, increases synaptophysin (SYN) and postsynaptic density protein 95 (PSD95) expression levels, promotes survival of dopaminergic neurons in substantia nigra and spinal cord, increases tyrosine hydroxylase content in dopaminergic neurons, improves synaptic plasticity, ameliorates cognitive 障碍, and improves cerebral dysfunction caused by chronic cerebral ischemia.

3.6 Qi-Tonifying and Blood-Activating Category These medicines have the effects of activating blood and resolving stasis, tonifying qi and dredging vessels. They are applicable for fatigue, lack of energy, spontaneous sweating, hemiplegia, unilateral numbness, deviated mouth and tongue, speech impediment, chest bi, chest tightness, palpitations, shortness of breath, dark purple tongue or with petechiae, and fine choppy or irregular pulse caused by qi deficiency and blood stasis.

(1) Keluoxin Capsules [171-172] (Class 1a evidence, Grade A recommendation): Recommended for thirst disease with qi and yin deficiency combined with blood stasis. Indications: Diabetic nephropathy. Mechanism: Combined with ACEI/ARB conventional Western medicine can significantly reduce urinary protein, urea nitrogen, serum creatinine, serum albumin, total cholesterol, triglycerides, and low-density lipoprotein cholesterol, increase high-density lipoprotein cholesterol, and improve total clinical effectiveness.

(2) Naoxintong Capsules [173-177] (Class 1a evidence, Grade A recommendation): Recommended for stroke, chest bi, palpitations, dementia, and thirst disease with qi deficiency, blood stasis, and collateral obstruction. Indications: Coronary heart disease, ischemic stroke, vascular dementia, and diabetic nephropathy, etc. Mechanism: Promotes neovascularization and lesion plaque stability, has certain regulatory effects on glucose metabolism, can reduce urinary microalbumin and 24-hour urine protein in early diabetic nephropathy patients.

(3) Tongxinluo Capsules [178-181]: Recommended for stroke, chest bi, palpitations, dementia, and thirst disease with heart qi deficiency and blood stasis obstructing collaterals. Indications: Coronary heart disease (Class 1a evidence, Grade A recommendation), ischemic stroke (Class 2b evidence, Grade B recommendation), and diabetic nephropathy (Class 2b evidence, Grade B recommendation). Mechanism: As an adjunctive therapy to guideline-directed treatment

for ST-elevation myocardial infarction, it can significantly improve 30-day and 1-year clinical prognosis. Combined with conventional treatment, it has good efficacy for secondary prevention of ischemic stroke patients, effectively reducing recurrent stroke risk, NIHSS score, and all-cause mortality. Additionally, Tongxinluo has certain efficacy and relative safety in treating diabetic nephropathy.

(4) Yuxintong Capsules [182] (Class 2b evidence, Grade B recommendation): Recommended for chest bi with qi deficiency and blood stasis syndrome. Indications: Coronary heart disease exertional angina.

(5) Xiaoshuan Enteric-Coated Capsules [183-185] (Class 1a evidence, Grade A recommendation): Recommended for stroke with qi deficiency and blood stasis syndrome. Indications: Ischemic stroke. Mechanism: Reduces white matter, gray matter, and nerve cell damage after ischemic stroke, promotes vascular endothelial growth factor and brain-derived neurotrophic factor secretion, and promotes axonal and myelin repair, improving clinical efficacy in acute and recurrent cerebral infarction patients.

(6) Longshengzhi Capsules [186-189] (Class 1a evidence, Grade A recommendation): Recommended for stroke with qi deficiency and blood stasis syndrome. Indications: Atherosclerotic cerebral infarction recovery period. Mechanism: Inhibits neuroinflammatory responses by inhibiting TLR4/NF- κ B/NLRP3 signaling pathways. Reduces oxidative stress response, reduces platelet and endothelial cell activation to combat thrombosis.

(7) Nuodikang Capsules [190-192] (Class 2b evidence, Grade B recommendation): Recommended for chest bi, palpitations, and dizziness with qi deficiency and blood stasis syndrome. Indications: Coronary heart disease angina, ischemic stroke, migraine, etc.

(8) Naomaili Granules [193-194] (Class 1b evidence, Grade A recommendation): Recommended for stroke with qi deficiency and blood stasis syndrome in acute phase. Indications: Acute cerebral infarction. Mechanism: Significantly reduces cerebral infarction area from ischemia-reperfusion injury, neurological function damage, reduces hydrogen peroxide (H₂O₂) and malondialdehyde (MDA) content in brain tissue, improves anti-superoxide anion free radical and hydroxyl free radical scavenging capacity, and reduces brain water content.

(9) Tangmaikang Granules [195-196] (Class 2b evidence, Grade B recommendation): Recommended for thirst disease, bi syndrome, and wei syndrome with qi and yin deficiency combined with blood stasis. Indications: Diabetic nephropathy and diabetic peripheral neuropathy, etc.

(10) Qishen Yiqi Dripping Pills [197-200] (Class 1a evidence, Grade A recommendation): Recommended for chest bi with qi deficiency and blood stasis syndrome. Indications: Coronary heart disease angina. Mechanism: Regulates chemokines, platelet activation, cell adhesion molecules, and other signaling pathways to exert immunomodulatory, anti-inflammatory effects, and inhibits

monocyte subendothelial migration to treat atherosclerosis.

(11) Huangqi Injection [201-202] (Class 1a evidence, Grade A recommendation): Recommended for palpitations, dyspnea, and edema with heart qi deficiency and blood vessel stasis obstruction. Indications: Viral myocarditis, cardiac insufficiency, etc. Mechanism: Regulates neuroendocrine disorders, improves hemorheology, increases myocardial blood supply, oxygen supply, and energy supply; improves microcirculation, increases cardiac blood supply, thereby increasing exercise tolerance, improving digestive function and nutritional status, and enhancing immunity.

3.7 Yin-Nourishing and Kidney-Tonifying Category These medicines have the effects of nourishing liver and kidney, replenishing essence and improving vision. They are applicable for dizziness, tinnitus, blurred vision, dry eyes, memory loss, sore and weak waist and knees, limb weakness, bone steaming tidal fever, night sweats, nocturnal emission, thirst with desire to drink, constipation, and deep fine pulse caused by liver-kidney yin deficiency.

(1) Zhangyanming Tablets [203] (Class 2b evidence, Grade B recommendation): Recommended for thirst eye disease with liver-kidney deficiency syndrome. Indications: Diabetic retinopathy.

(2) Liuwei Dihuang Pills [204-205] (Class 2b evidence, Grade B recommendation): Recommended for thirst disease and thirst kidney disease with kidney yin deficiency syndrome. Indications: Diabetic nephropathy.

(3) Mingmu Dihuang Pills [206-207] (Class 2b evidence, Grade B recommendation): Recommended for thirst eye disease with liver-kidney yin deficiency syndrome. Indications: Diabetic retinopathy.

(4) Jinshuibao Capsules [208-210] (Class 1a evidence, Grade A recommendation): Recommended for edema, consumptive disease, obstruction, and thirst disease with lung-kidney deficiency and essence-qi insufficiency. Indications: Chronic kidney disease, diabetic nephropathy. Mechanism: Anti-oxidative damage and anti-inflammatory effects. Can upregulate podocin expression in glomerular podocytes to better protect the glomerular filtration barrier.

(5) Peiyuan Tongnao Capsules [211-212] (Class 2b evidence, Grade B recommendation): Recommended for stroke recovery period with kidney yin deficiency and blood stasis obstructing collaterals. Indications: Ischemic stroke recovery period.

(6) Qiming Granules [213-215] (Class 1a evidence, Grade A recommendation): Recommended for thirst eye disease with qi-yin deficiency, liver-kidney insufficiency, and eye collateral stasis. Indications: Diabetic retinopathy, diabetic macular edema. Mechanism: Inhibits the HMGB1/TLR4/NF- κ B signaling pathway, reduces apoptosis, exerts anti-inflammatory effects, improves vision level, reduces macular retinal thickness, and inhibits vascular growth factor levels.

(7) **Congrong Yishen Granules** [216-217] (Class 2b evidence, Grade B recommendation): Recommended for thirst disease and thirst kidney disease with kidney qi insufficiency. Indications: Diabetic nephropathy. Mechanism: Reduces inflammatory response, protects vascular endothelial cells, improves hemorheology, and anti-thrombotic effects.

3.8 Heat-Clearing and Dampness-Removing Category These medicines have the effects of clearing heat and resolving dampness, detoxifying and reducing swelling, and activating blood and resolving stasis. They are applicable for edema, palpitations, chest tightness, restlessness, easy fright, headache, dizziness, lower back pain, proteinuria, hematuria, dry mouth with bitter taste, insomnia, dreaminess, yellow greasy tongue coating, and slippery rapid pulse caused by damp-heat accumulation.

(1) **Compound Shenyang Tablets** [218] (Class 1b evidence, Grade A recommendation): Recommended for edema, turbid urine, and obstruction secondary to thirst disease with damp-heat syndrome. Indications: Diabetic nephropathy, hematuria, proteinuria. Mechanism: Improves glucose-lipid metabolism disorder, relieves oxidative stress, reduces lipid peroxidation, regulates renal perfusion, reduces proteinuria, and delays renal function deterioration.

(2) **Shenyang Tablets** [219-220] (Class 1b evidence, Grade A recommendation): Recommended for edema and turbid urine secondary to thirst disease with damp-heat syndrome. Indications: Diabetic nephropathy. Mechanism: Improves microcirculation, anti-platelet aggregation, reduces blood lipids and viscosity, regulates tissue repair and regeneration, inhibits high metabolic state of kidney tissue, corrects glucose, lipid, and protein metabolism abnormalities, and reduces urinary protein excretion.

(3) **Huangkui Capsules** [221] (Class 1a evidence, Grade A recommendation): Recommended for chronic kidney wind and thirst disease with damp-heat syndrome. Indications: Chronic kidney disease, diabetic nephropathy. Mechanism: Inhibits renal immune reactions, improves renal fibrosis and hemorheology 障碍, reduces inflammation, scavenges oxygen free radicals, regulates immune function, prevents platelet adhesion and aggregation, reduces proteinuria levels, and protects renal tubular epithelial cells.

3.9 Qi-Tonifying and Yang-Warming Category These medicines have the effects of tonifying qi and warming yang, activating blood and promoting diuresis. They are applicable for palpitations, chest tightness, dyspnea, facial and limb edema, cold pain in waist and lower abdomen, chronic diarrhea and dysentery, or fifth-watch diarrhea, or clear-grain diarrhea, fatigue, difficult urination, cyanotic lips and nails, fear of cold and cold limbs, pale dark or cyanotic tongue, white slippery coating, and deep fine or minute pulse caused by yang qi deficiency and collateral stasis with water retention.

(1) **Shenfu Qiangxin Pills** [227] (Class 1a evidence, Grade A recommendation)

tion): Recommended for heart water disease with heart-kidney yang decline syndrome. Indications: Chronic heart failure. Mechanism: Inhibits systemic inflammatory response, downregulates renin-angiotensin-aldosterone system (RAAS) and brain natriuretic peptide (BNP) levels, improves vascular endothelial function, and reverses ventricular remodeling.

(2) Xinbao Pills [228-232] (Class 1a evidence, Grade A recommendation): Recommended for heart water disease and chest bi with heart-kidney yang deficiency and heart vessel stasis obstruction syndrome. Indications: Chronic cardiac insufficiency, bradycardia caused by sinoatrial node dysfunction, sick sinus syndrome, and angina pectoris caused by ischemic heart disease. Mechanism: Enhances myocardial contractility, regulates myocardial oxidative metabolism, reduces myocardial fibrosis, reverses cardiac remodeling to treat heart failure; excites sinoatrial node, improves vascular endothelial function, improves coronary blood flow, and increases heart rate.

(3) Qili Qiangxin Capsules [233-235] (Class 1a evidence, Grade A recommendation): Recommended for heart water disease with yang qi deficiency and collateral stasis with water retention syndrome. Indications: Mild to moderate congestive heart failure caused by coronary heart disease and hypertension. Mechanism: Inhibits excessive neuroendocrine activation, protects vascular endothelium, blocks ion channels, inhibits ventricular remodeling, regulates energy metabolism, inhibits inflammatory factors, and protects microvascular injury.

(4) Shenyan Shu Granules [236-238] (Class 2b evidence, Grade B recommendation): Recommended for edema disease with spleen-kidney yang deficiency and internal water retention syndrome. Indications: Early diabetic nephropathy.

(5) Shenfu Injection [239-242] (Class 1a evidence, Grade A recommendation): Recommended for heart water disease with yang deficiency syndrome. Indications: Chronic and acute heart failure. Mechanism: Increases vascular perfusion, improves hemodynamics and hemorheology, regulates neurohumoral factors, enhances myocardial cell energy metabolism, reduces inflammatory response, oxidative stress damage, and apoptosis.

(6) Xinmailong Injection [243-245] (Class 1a evidence, Grade A recommendation): Recommended for heart water disease with qi-yang deficiency and internal blood stasis syndrome. Indications: Chronic congestive heart failure. Mechanism: Promotes myocardial cell Ca^{2+} influx; dilates coronary vessels, inhibits oxygen free radical-mediated myocardial injury; dilates blood vessels, reduces pulmonary artery pressure, pulmonary capillary pressure, and systemic artery pressure.

3.10 Qi-Regulating and Stasis-Resolving Category These medicines have the effects of moving qi, activating blood, and dredging collaterals to relieve pain. They are applicable for chest tightness and distending pain caused by qi stagnation and blood stasis, often triggered by emotional frustration,

characterized by frequent sighing, distension in epigastrium and hypochondrium, relief with belching or flatulence, purple or dark red tongue, and wiry pulse.

(1) Suxiao Jiuxin Pills [246-247] (Class 1a evidence, Grade A recommendation): Recommended for chest bi with qi stagnation and blood stasis type. Indications: Coronary heart disease angina. Mechanism: Anti-atherosclerotic, stabilizes plaques, regulates free radicals, protects vascular endothelial cells, anti-myocardial ischemia-reperfusion injury, dilates coronary arteries, promotes therapeutic angiogenesis, etc.

(2) Xuefu Zhuyu Capsules [248-249] (Class 1a evidence, Grade A recommendation): Recommended for chest bi with qi stagnation and blood stasis syndrome. Indications: Coronary heart disease angina. Mechanism: Inhibits inflammatory response, promotes oxygen free radical scavenging and vascular growth factor expression, improves vascular endothelial function, increases collateral circulation establishment, thereby exerting anti-inflammatory, anti-oxidative, and endothelial protective effects.

3.11 Aromatic Warm-Unblocking Category These medicines have aromatic warm-unblocking and stagnation-moving effects, applicable for chest tightness and chest pain caused by cold congealing blood stasis and collateral obstruction, characterized by onset or aggravation after cold exposure (such as in winter or air-conditioned rooms), relief with warmth (hot compress, hot water), pressure, or activity. Symptoms include chest tightness, breathlessness, frequent sighing, fear of cold and preference for warmth, cold limbs, cold hands and feet, pale or gray complexion, pale dark or cyanotic tongue, or with petechiae and ecchymosis, white greasy or white slippery coating, deep choppy, wiry-tight, or deep wiry pulse.

(1) Shexiang Baoxin Pills [250-252] (Class 1a evidence, Grade A recommendation): Recommended for chest bi with qi stagnation and blood stasis syndrome. Indications: Stable angina pectoris of coronary heart disease, myocardial infarction. Mechanism: Dilates coronary arteries, improves vascular endothelial function, inhibits vascular wall inflammation, and promotes therapeutic angiogenesis.

(2) Kuanxiong Aerosol [253-254] (Class 1a evidence, Grade A recommendation): Recommended for chest bi with cold congealing blood stasis and collateral bi obstruction syndrome. Indications: Coronary heart disease, angina pectoris. Mechanism: Dilates coronary arteries, relieves angina, protects myocardium, anti-inflammatory, anti-oxidative, regulates myocardial cell apoptosis, presenting multi-component, multi-target, multi-pathway comprehensive effects.

3.12 Liver-Clearing and Eye-Brightening Category These medicines have the effects of cooling blood and stopping bleeding, nourishing yin and resolving stasis, and nourishing liver to improve vision. They are applicable for

fundus hemorrhage caused by yin deficiency with liver excess and heat injuring collaterals, manifested as dizziness, headache, blurred vision, five-center heat, dry mouth and throat, sore and weak waist and knees, insomnia, red tongue with scant coating, and fine rapid pulse.

(1) Hexue Mingmu Tablets [255] (Class 1a evidence, Grade A recommendation): Recommended for blood filling the pupil and sudden blindness with yin deficiency and liver excess, heat injuring collaterals syndrome. Indications: Fundus hemorrhage. Mechanism: Effectively dilates blood vessels, improves vascular elasticity, reduces vascular permeability, inhibits platelet adhesion and aggregation, reduces hypercoagulable state, promotes tissue microcirculation improvement, has anti-oxidative and retinal thickness-promoting effects, and improves fundus microcirculation.

(2) Zhixue Quyu Mingmu Tablets [256] (Class 1b evidence, Grade A recommendation): Recommended for blood filling the pupil and sudden blindness with yin deficiency and liver excess, heat injuring collaterals syndrome. Indications: Fundus hemorrhage.

(3) Honghua Qinggan Shisanwei Pills [257] (Class 1b evidence, Grade A recommendation): Recommended for blood filling the pupil and sudden blindness with yin deficiency and liver excess, heat injuring collaterals syndrome. Indications: Diabetes complicated with retinopathy.

3.13 Other Categories (1) Tripterygium Glycosides Tablets [258-259] (Class 1a evidence, Grade A recommendation): Recommended for edema and turbid urine secondary to thirst disease. Indications: Diabetic nephropathy. Mechanism: Significantly inhibits cell apoptosis, inhibits mesangial cell and mesangial matrix proliferation, regulates apoptosis, inhibits inflammatory factor release, and delays fibrosis progression.

(2) Shengxuening Tablets [260-261] (Class 1a evidence, Grade A recommendation): Recommended for kidney consumption and consumptive disease with qi and blood deficiency syndrome. Indications: Renal anemia. Mechanism: Efficiently supplements bioavailable iron, inhibits hepcidin expression, improves microinflammatory state, reduces oxidative stress response, and stimulates bone marrow cell proliferation.

(3) Angong Niuhuang Pills [262-263] (Class 1a evidence, Grade A recommendation): Recommended for stroke with phlegm-heat internal closure syndrome. Indications: Cerebral infarction and hemorrhagic stroke with consciousness 障碍. Mechanism: In the acute phase of cerebral infarction, it can protect brain tissue and nerves from ischemia-reperfusion injury by reducing inflammation, hematoma, oxidative stress levels, and apoptosis.

(4) Xingnaojing Injection [264-266] (Class 1a evidence, Grade A recommendation): Recommended for stroke with qi-blood reversal disorder and cerebral vessel stasis obstruction syndrome. Indications: Acute phase of cerebral infarc-

tion and hemorrhagic stroke with consciousness 障碍. Mechanism: Shortens cerebral ischemia-hypoxia time, reduces cerebral edema, protects against ischemic brain tissue damage, promotes neurological function recovery, inhibits inflammatory response, scavenges oxygen free radicals, and anti-platelet aggregation.

4. Chinese Patent Medicine Recommendations Based on Target Organ Damage

According to the damage to target organs including heart, brain, kidney, eye, and peripheral vessels in pan-vascular diseases, Chinese patent medicine usage recommendations are shown in Table 3 .

5. Clinical Application Considerations

5.1 Syndrome-Based Medication Selection and Precise Disease-Syndrome Matching First, Chinese patent medicines should be selected based on etiology, pathogenesis, combined with constitution and clinical manifestations—that is, syndrome differentiation should be applied. For example, for qi deficiency and blood stasis syndrome among blood stasis syndromes, qi-tonifying and blood-activating category should be selected; for qi stagnation and blood stasis syndrome, qi-regulating and blood-activating category should be selected; for phlegm-stasis intermingling syndrome, phlegm-removing and stasis-resolving category should be selected. Additionally, treatment should be staged according to urgency and deficiency/excess differentiation. Emergency Chinese patent medicines often contain aromatic orifice-opening or acrid fragrance ingredients that can quickly relieve symptoms but also tend to consume qi and injure yin, making them unsuitable for long-term use. General Chinese patent medicines should not be used as emergency drugs, as this would inevitably delay the disease progression. Second, disease and syndrome differentiation should be combined, avoiding the misconception of “disease-syndrome separation,” and strictly prohibiting the direct application of Chinese patent medicines based on Western disease names. For example, simply using blood-activating drugs based on “coronary heart disease” diagnosis while ignoring TCM cold-heat deficiency-excess differentiation. The phenomenon of “using Chinese medicine for Western diseases” is already widespread in cardiovascular diseases. If Chinese patent medicines can be selected based on disease and syndrome differentiation on the foundation of syndrome differentiation and treatment, certain clinical effects can also be achieved, which belongs to the category of disease differentiation and treatment in TCM.

5.2 Strict Control of Medication Safety and Contraindications For patients with absolute contraindications, such as those with a history of allergy to certain drug components, re-use is strictly prohibited. For those with active bleeding, such as gastrointestinal bleeding, acute phase of hemorrhagic stroke, or abnormal coagulation function (INR>3.0), blood-activating drugs are contraindicated. During pregnancy, especially contraindicated are Chinese patent

medicines containing blood-breaking and stasis-eliminating ingredients such as ground beetle and leech. For high-risk populations such as the elderly, oral preparations should be prioritized to reduce injection use and lower infusion reaction risks. Patients with liver and kidney insufficiency should avoid drugs mainly metabolized by liver and kidney, such as Chinese patent medicines containing heavy metals. During the perioperative period, blood-activating Chinese patent medicines should be discontinued 7 days before surgery to reduce intraoperative bleeding risk. For special populations such as children, pediatric-specific dosage forms should be selected, avoiding drugs containing aristolochic acid, cinnabar, and other toxic components. During lactation, topical or local medications should be prioritized to avoid drug components excreted through breast milk. For chronic diseases requiring long-term medication, liver and kidney function and coagulation indicators should be monitored regularly (every 3-6 months). For toxic component control, Chinese patent medicines containing aconitine (such as processed aconite) or strychnine should not exceed the daily dosage limit specified in the pharmacopoeia. Additionally, during Chinese patent medicine administration, dietary contraindications should be noted to avoid drug interactions or affecting efficacy. For example, spicy and irritating foods should be avoided when taking heat-clearing and dampness-removing drugs, and cold foods should be avoided when taking warming and tonifying drugs.

5.3 Principles of Combined Medication and Risk Control To improve the efficacy of Chinese patent medicines, combined medication can be adopted, following the principles of complementary efficacy and toxicity reduction. Attention should be paid to avoid stacking similar drugs. In populations with high bleeding risk, avoid combined use of blood-activating drugs with anti-platelet aggregation or anticoagulant drugs. Compatibility contraindications should be observed, following the “eighteen antagonisms” and “nineteen fears” principles. For example, clove and curcuma, as well as ginseng and wulingzhi, should not be used together. When necessary, Chinese-Western medicine synergistic combination regimens can be adopted, such as skillfully using blood-activating Chinese patent medicines combined with anti-platelet drugs (e.g., Tongxinluo Capsules combined with aspirin, evidence level IB), or qi-tonifying and yin-nourishing Chinese patent medicines combined with RAAS inhibitors (e.g., Shengmai Powder combined with valsartan to improve myocardial fibrosis). However, improper drug combination may also weaken drug properties or even aggravate the condition. For example, Chinese patent medicines containing licorice (such as Wenxin Granules) combined with cardiac glycosides (digoxin) increase arrhythmia risk, and Chinese patent medicines containing ephedra (such as Compound Chuanbei Jing Tablets) used with antihypertensive drugs will counteract the blood pressure-lowering effect.

5.4 Multidisciplinary Collaboration and Co-Management Pan-vascular diseases belong to different specialties according to the location and

timing of vascular lesions. Therefore, the use of Chinese patent medicines requires close cooperation and integrated management among multidisciplinary and different specialty physicians to provide a more reasonable comprehensive solution for pan-vascular disease prevention and treatment.

In summary, Chinese patent medicines have definite efficacy in treating pan-vascular diseases, but their application requires careful treatment, strictly following the usage, dosage, indications, contraindications, precautions, and treatment courses specified in drug instructions. In clinical practice, syndrome differentiation and treatment should be the basic principle and core, combined with disease differentiation, to achieve accurate syndrome differentiation and rational medication use as much as possible. Attention to dietary contraindications, control of medication safety and contraindications, principles of combined medication, attention to drug components and allergy history, and multidisciplinary cooperation are all key to ensuring safe and effective medication use, as well as achieving individualized medication and ensuring and improving clinical efficacy.

6. Limitations and Deficiencies of This Consensus

6.1 Limitations of Current Evidence System (1) Insufficient research quality and evidence level: Some RCTs did not use blinding or did not specify randomization methods. Many studies had endpoint bias, with most using symptom improvement as the primary endpoint, such as TCM syndrome scores, lacking long-term follow-up (>5 years) of endpoint events such as cardiovascular mortality and stroke recurrence rate. Safety data were missing, with only a small portion of literature detailing adverse reactions, making assessment of the “risk-benefit ratio” of Chinese patent medicines difficult.

(2) Insufficient integration of Chinese and Western evaluation standards: Currently, Chinese patent medicine instructions are dominated by TCM syndrome types, such as “blood stasis obstructing collaterals syndrome,” which are disconnected from Western medicine diagnoses, such as not labeling atherosclerotic cardiovascular disease staging or glomerular filtration rate grading, creating cross-disciplinary application barriers that require expert experience adjustments.

6.2 Limitations of Consensus Development Process (1) Limited expert representativeness: Insufficient regional representativeness of participating experts may affect the regional adaptability of diagnosis and treatment protocols. Low participation of grassroots physicians fails to fully reflect resource constraints in actual medication scenarios.

(2) Dynamic update mechanism needs improvement: Some recommendations are temporarily classified as lower-grade recommendations (such as Grade B or C evidence) due to weak current evidence base, and their subsequent validation and update mechanism has not yet formed a systematic framework.

7. Conflict of Interest Statement

All participating experts in this consensus signed conflict of interest disclosure documents and did not receive funding from relevant pharmaceutical companies.

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