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Specifications for the diagnosis and
treatment of ischemic stroke with
integrated traditional Chinese and
Western medicine

缺血性中风中西医结合诊疗规范

(English Translation)

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Foreword

In case of any uncertainty or doubt regarding the contents of the English version, the Chinese original shall be deemed authoritative.

This document is drafted in accordance with the rules given in the following standards: GB/T 1.1—2020 *Directives for standardization—Part 1: Rules for the structure and drafting of standardizing documents*, GB/T 20000.11—2016 *Guides for standardization—Part 11: General presentation of the English translation of Chinese national standards* and GB/T 20000.10—2016 *Guidelines for standardization—Part 10: General rules for the English translation of Chinese national standards*.

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Specifications for the diagnosis and treatment of ischemic stroke with integrated traditional Chinese and Western medicine

1 Scope

This document specifies the diagnosis, contraindications, treatment, and daily care requirements for ischemic stroke when employing an integrated approach combining traditional Chinese and Western medicine.

This document is applicable to the diagnosis and treatment of ischemic stroke when employing integrated traditional Chinese and Western medicine.

2 Normative references

This document has no normative references.

3 Terms and definitions

There are no terms or definitions that need to be defined in this document.

4 Diagnosis

4.1 Western medicine diagnosis

The diagnostic criteria and key points of Western medicine diagnosis can be found in the *Guidelines for Clinical Management of Cerebrovascular Diseases in China (2nd Edition)*. Patients with suspected stroke shall undergo a head CT or MRI examination to rule out non-ischemic causes. In Western medicine, ischemic stroke is classified into acute stage (within 2 weeks of onset), convalescence stage (2 weeks to 6 months after onset), and sequelae stage (6 months after onset).

4.2 Traditional Chinese medicine (TCM) diagnosis

4.2.1 Main syndromes

In TCM, symptoms of ischemic stroke include sudden fainting, loss of consciousness, hemiplegia, facial and tongue deviation, and dysphasia. In mild cases, patients may not experience fainting or loss of consciousness; instead, they may present with symptoms such as hemiplegia, facial and tongue deviation, or disturbance in skin sensation.

4.2.2 Syndrome differentiation

4.2.2.1 Acute stage

4.2.2.1.1 Meridian stroke

Main symptoms are as follows:

- **Wind phlegm entering the meridians pattern:** skin sensation disturbance, numbness of limbs, facial and tongue deviation, dysarthria with tongue stiffness, and even hemiplegia

or limb cramps, accompanied by dark purple tongue with a white and greasy coating, and wiry and slippery pulse;

- **Wind yang ascending pattern:** hemiplegia, hemianesthesia, dysarthria with tongue stiffness, facial and tongue deviation, dizziness and headache, insomnia, flushed face and red eyes, vexation and tantrum, bitter taste in mouth and dry pharynx, dry stools and red urine, accompanied by red or deep-red tongue with a little or thin yellow coating, and wiry and forceful pulse;
- **Yin deficiency stirring wind pattern:** hemiplegia, facial and tongue deviation, dysarthria with tongue stiffness, hemianesthesia, restlessness and insomnia, dizziness and tinnitus, feverish palms and soles, accompanied by red or dark-red tongue with thin coating or no coating, and thready, wiry or rapid pulse.

4.2.2.1.2 Zang-Fu stroke

Main syndromes are as follows:

- **Blockage pattern:**
 - Phlegm heat-Fu Organ pattern: hemiplegia, dysarthria with tongue stiffness, facial and tongue deviation, hemianesthesia, excess phlegm, abdominal distention and constipation, and dizziness, accompanied by red tongue with a yellow and greasy coating or yellow, thick, and dry coating, and wiry and slippery pulse;
 - Phlegm fire blocking the heart spirit pattern: sudden collapse, clenched jaw and wide-open eyes, rapid and coarse breathing, or limb convulsions, restlessness and agitation, facial and tongue deviation, hemiplegia, unconsciousness, and urinary and fecal incontinence, accompanied by red tongue with a yellow and greasy coating, and wiry, slippery and rapid pulse;
 - Phlegm dampness misting the orifices pattern: sudden collapse and loss of consciousness, locked jaw, clenched hands, limb convulsions, urinary and fecal incontinence, dark complexion, a quite and untroubled state, coldness or even icy coldness of limbs, and excessive phlegm, accompanied by dark purple tongue with a white and greasy coating, and deep, slippery or slow pulse.
- **Collapse pattern:** sudden collapse and loss of consciousness, profuse sweating, limp hands and cold extremities, closed eyes with open mouth, limb paralysis, weak breathing, pale complexion, dilated pupils, urinary and fecal incontinence, accompanied by flaccid and purple tongue with a white coating, and thready, weak or even collapsing pulse.

4.2.2.2 Convalescence and sequelae stage

Main syndromes are as follows:

- **Wind-phlegm with stagnant blood obstructing collaterals pattern:** stiff tongue with dysphasia, distorted mouth and tongue, hemiplegia, and numbness of limbs. Darkish purple tongue, indicative of blood stagnation with a greasy coating. Wiry, slippery or astringent pulse;
- **Deficiency of qi and blood stasis pattern:** hemiplegia, distorted mouth and tongue, stiff tongue with dysphasia, hemianesthesia, pale complexion, shortness of breath with lack of strength, or palpitations, spontaneous sweating, poor appetite, loose stools, and swollen hands and feet. Pale purple tongue with stagnant blood and a thin white coating, wiry and astringent or thready and weak pulse;
- **Deficiency of liver and kidney pattern:** hemiplegia, stiffness in the affected limb, spasm and deformation, stiff tongue with dysphasia, or atrophy of the limb muscles. Red tongue with a thready pulse, or light red tongue with a deep and thready pulse.

5 Contraindications

5.1 Contraindications of TCM treatment

Individuals with a history of allergies to the recommended Chinese medicines should proceed with caution. Pregnant women, postpartum women, lactating women, and children should use these treatments with care.

5.2 Contraindications of Western medicine treatment

See the *Guidelines for Clinical Management of Cerebrovascular Diseases in China (2nd Edition)* for more details.

6 Treatment

6.1 Therapeutic regimen

Diagnose the type of disease through auxiliary examinations in Western medicine, implement an integrated treatment combining traditional Chinese and Western medicine, and strengthen daily care. Emphasis on therapeutic methods for ischemic stroke varies at different stages, and treatment may be tailored according to the following regimen:

- Acute stage: emphasis on timely intervention to improve prognosis, focusing on vascular recanalization treatment to reduce disability and mortality. For patients who are eligible for intravenous thrombolysis or endovascular treatment, intraventions should be administered promptly; for patients who are not eligible, consider a drug regimen that combines traditional Chinese and Western medicine, while also intensify the management of comorbidities and complications;
- Convalescence and sequelae stage: Use standardized rehabilitation treatment with proactive measures to prevent and address complications. The focus of treatment shifts to enhancing patients' daily living ability and reducing disability. Characteristic rehabilitation therapies from traditional Chinese medicine and Zhuang medicine may be utilized.

6.2 Acute stage

6.2.1 Key points of treatment

Patients in the acute stage who are eligible for intravenous thrombolysis or endovascular treatment shall be given corresponding treatment promptly. For those not eligible for these treatments, initiate a reasonable regimen that includes antiplatelet agents, anticoagulants, volume expansion, lipid regulation, plaque stabilization, and neuroprotection as soon as possible. For treatment methods and precautions, refer to the *Guidelines for Clinical Management of Cerebrovascular Diseases in China (2nd Edition)*. Additionally, while adopting Western medicine treatment, TCM syndrome differentiation and treatment should be conducted concurrently.

6.2.2 Syndrome differentiation and treatment

6.2.2.1 Meridian stroke

6.2.2.1.1 Wind phlegm entering the meridians pattern

Therapeutic methods:

- Internal therapeutic method: dispelling wind, resolving phlegm, promoting blood flow, and activating collaterals:

- Recommended prescription: *Ban Xia Bai Zhu Tian Ma Tang* goes with *Tao Ren Hong Hua* decoction (appropriate addition or reduction in accordance with symptoms) ; or *Zhong Feng* admixture (preparation in the First Affiliated Hospital of Guangxi University of Chinese Medicine) ;
- Formula: *Fa Ban Xia* 8 g, *Fu Ling* 15 g, *Chen Pi* 6 g, *Gan Cao* 6 g, *Bai Zhu* 15 g, *Tao Ren* 10 g, *Hong Hua* 5 g, *Xiang Fu* 10 g, *Qing Pi* 6 g, *Yan Hu Suo* 12 g, *Tian Ma* 10 g, *Sheng Jiang* 10 g, *Da Zao* 10 g ;
- Decoction: Take one dose per day. Decoct the medication in water to obtain 400 mL of liquid. Consume it warm, in two equal portions, after meals ;
- Course of treatment: The treatment course lasts for 2 weeks ; after one course of treatment, adjust the medication according to the patient's condition.

—— External therapeutic method: This treatment involves acupuncture with acupoint selection based on syndrome differentiation. The primary acupoints are *DU 26*(*shuǐ gōu*), *PC 6*(*nèi guān*), *SP 6*(*sān yīn jiāo*), *HT 1*(*jí quán*), *LU 5*(*chǐ zé*) and *BL 40*(*wěi zhōng*). The supporting acupoints are *ST 40*(*fēng lóng*) and *GB 20*(*fēng chí*). Administer once daily, in conjunction with Zhuang medicine therapies: medicated thread moxibustion, medicated bamboo cup therapy, and lotus needle cupping therapy for expelling stasis. Specific operational procedures are outlined in Annex A.

6.2.2.1.2 Wind yang ascending pattern

Therapeutic methods:

—— Internal therapeutic method: Calming the liver and suppressing Yang, extinguishing wind and dredging collaterals:

- Recommended prescription: *Tian Ma Gou Teng* decoction (appropriate addition or reduction in accordance with symptoms) ;
- Formula: *Tian Ma* 12 g, *Gou Teng* 12 g, *Shi Jue Ming* 18 g, *Zhi Zi* 10 g, *Huang Qin* 10 g, *Chuan Niu Xi* 12 g, *Du Zhong* 10 g, *Yi Mu Cao* 10 g, *Sang Ji Sheng* 10 g, *Ye Jiao Teng* 10 g, *Zhu Fu Shen* 10 g ;

Note: Decoct *Shi Jue Ming* first, followed by *Gou Teng*.

- Decoction: Take one dose per day. Decoct the medication in water to obtain 400 mL of liquid. Consume it warm, in two equal portions, after meals ;
- Course of treatment: The treatment course lasts for 2 weeks ; after one course of treatment, adjust the medication according to the patient's condition.

—— External therapeutic method: Utilize acupuncture with acupoint selection based on syndrome differentiation. The primary acupoints are *DU 26*(*shuǐ gōu*), *PC 6*(*nèi guān*), *SP 6*(*sān yīn jiāo*), *HT 1*(*jí quán*), *LU 5*(*chǐ zé*) and *BL 40*(*wěi zhōng*), and the supporting acupoints are *KL 3*(*tài xī*) and *LR 3*(*tài chōng*). Administer once daily, in conjunction with Zhuang medicine medicated bamboo cup therapy and Zhuang medicine lotus needle cupping therapy for expelling stasis. Specific operational procedures are outlined in Annex A.

6.2.2.1.3 Yin deficiency stirring wind pattern

Therapeutic methods:

—— Internal therapeutic method: nourishing liver and kidneys, nourishing Yin and extinguishing wind:

- Recommended prescription: *Zhen Gan Xi Feng* decoction (appropriate addition or reduction in accordance with symptoms) ;

- Formula: *Huai Niu Xi* 15 g, *Dai Zhe Shi* 20 g, *Long Gu* 15 g, *Mu Li* 15 g, *Gui Jia* 15 g, *Bai Shao* 15 g, *Xuan Shen* 10 g, *Tian Dong* 10 g, *Chuan Lian Zi* 6 g, *Sheng Mai Ya* 6 g, *Yin Chen* 6 g, *Gan Cao* 6 g;
 - Decoction: Take one dose per day. Decoct the medication in water to obtain 400 mL of liquid. Consume it warm, in two equal portions, after meals;
 - Course of treatment: The treatment course lasts for 2 weeks; after one course of treatment, adjust the medication according to the patient's condition.
- External therapeutic method: This treatment involves acupuncture with acupoint selection based on syndrome differentiation. The main acupoints are *DU 26* (*shuǐ gōu*), *PC 6* (*nèi gu ān*), *SP 6* (*sān yīn jiāo*), *HT 1* (*jí quán*), *LU 5* (*chǐ zé*) and *BL 40* (*wěi zhōng*). Supporting acupoints include *GB 20* (*fēng chí*) and *KL 3* (*tài xī*). Administer once daily, in conjunction with Zhuang medicine medicated bamboo cup therapy and Zhuang medicine lotus needle cupping therapy for expelling stasis. Specific operational procedures are outlined in Annex A.

6.2.2.1.4 Precautions

- 6.2.2.1.4.1 The above prescriptions should be taken warm after meals. Avoid consuming them cold on an empty stomach, as this may harm the spleen and stomach.
- 6.2.2.1.4.2 Avoid alcohol and raw or cold foods while taking the medicine.
- 6.2.2.1.4.3 For patients on prolonged medication, it is important to monitor liver and kidney function regularly.
- 6.2.2.1.4.4 The Chinese medicinal materials used shall adhere to the requirements outlined in the National Pharmacopoeia or relevant standards.

6.2.2.2 Zang-Fu stroke

6.2.2.2.1 Blockage pattern

6.2.2.2.1.1 Phlegm heat-Fu Organ pattern

Therapeutic methods:

- Internal therapeutic method: ventilating Fu organ and releasing heat, regulating Qi and resolving phlegm:
- Recommended prescription: *Tao Ren Cheng Qi decoction* (appropriate addition or reduction in accordance with symptoms) ;
 - Formula: *Tao Ren* 10 g, *Da Huang* 6 g, *Mang Xiao* 10 g, *Zhi Shi* 10 g, *Dan Nan Xing* 8 g, *Huang Qin* 8 g, *Quan Gua Lou* 10 g, *Hong Hua* 5 g, *Dan Pi* 15 g, *Huai Niu Xi* 15 g;
 - Decoction: Take one dose per day. Decoct the medication in water to obtain 200 mL of liquid, gavage feeding or nasogastric feeding;
 - Course of treatment: The treatment course lasts for 2 weeks; after one course of treatment, adjust the medication according to the patient's condition.
- External therapeutic method: Utilize acupuncture with acupoint selection based on syndrome differentiation. The primary acupoints are *DU 26* (*shuǐ gōu*), *DU 20* (*bǎi huì*) and *PC 6* (*nèi gu ān*). The supporting acupoints are *LI 4* (*hé gǔ*) and *LR 3* (*tài chōng*). Administer once daily, in conjunction with Zhuang medicine lotus needle cupping therapy for expelling stasis. Specific operational procedures are outlined in Annex A.

6.2.2.2.1.2 Phlegm fire blocking the heart spirit pattern

Therapeutic methods:

—— Internal therapeutic method: clearing heat and resolving phlegm, extinguishing wind and opening orifices:

- Recommended prescription: *Ling Jiao Gou Teng decoction* (appropriate addition or reduction in accordance with symptoms), along with the additional use of *Zhi Bao Dan* or *An Gong Niu Huang Wan* to clear the heart and open orifices;
- Formula: *Shui Niu Jiao* 30 g, *Gou Teng* 15 g, *Zhen Zhu Mu* 30 g, *Shi Jue Ming* 15 g, *Dan Nan Xing* 8 g, *Fa Ban Xia* 8 g, *Tian Zhu Huang* 10 g, *Huang Lian* 6 g, *Shi Chang Pu* 12 g, *Yu Jin* 10 g;

Note: Decoct *Shui Niu Jiao* and *Shi Jue Ming* first, followed by *Gou Teng*.

- Decoction: Take one dose per day. Decoct the medication in water to obtain 200 mL of liquid, gavage feeding or nasogastric feeding;
- Course of treatment: The treatment course lasts for 2 weeks; after one course of treatment, adjust the medication according to the patient's condition.

—— External therapeutic method: Utilize acupuncture with acupoint selection based on syndrome differentiation. The primary acupoints are *DU 26 (shuǐ gōu)*, *DU 20 (bǎi huì)* and *PC 6(nèi guān)*. The supporting acupoints are *LI 4(hé gǔ)* and *LR 3(tài chōng)*. Administer once daily, in conjunction with Zhuang medicine medicated thread moxibustion and Zhuang medicine lotus needle cupping therapy for expelling stasis. Specific operational procedures are outlined in Annex A.

6.2.2.2.1.3 Phlegm dampness misting the orifices pattern

Therapeutic methods:

—— Internal therapeutic method: dispelling phlegm to calm wind, and aromatically warming to open orifices:

- Recommended prescription: *Di Tan decoction* (appropriate addition or reduction in accordance with symptoms), supplemented by *Su He Xiang Wan* for alleviating depression and opening the orifices;
- Formula: *Dan Nan Xing* 8 g, *Jiang Ban Xia* 8 g, *Fu Ling* 15 g, *Ju Hong* 6 g, *Shi Chang Pu* 12 g, *Dan Shen* 15 g, *Zhu Ru* 10 g, *Yu Jin* 12 g, *Jiang Chan* 10 g;
- Decoction: Take one dose per day. Decoct the medication in water to obtain 200 mL of liquid, gavage feeding or nasogastric feeding;
- Course of treatment: The treatment course lasts for 2 weeks; after one course of treatment, adjust the medication according to the patient's condition.

—— External therapeutic method: Utilize acupuncture with acupoint selection based on syndrome differentiation. The primary acupoints are *DU 26 (shuǐ gōu)*, *DU 20 (bǎi huì)* and *PC 6(nèi guān)*. The supporting acupoints are *LI 4(hé gǔ)* and *LR 3(tài chōng)*. Administer once daily, in conjunction with Zhuang medicine therapies, medicated thread moxibustion, medicated bamboo cup therapy, and lotus needle cupping therapy for expelling stasis. Specific operational procedures are outlined in Annex A.

6.2.2.2.2 Collapse pattern

Therapeutic methods:

—— Internal therapeutic method: restore Yang to rescue the collapsing, tonify Qi to prevent exhaustion:

- Recommended prescription: *Shen Fu decoction* combined with *Sheng Mai powder* (appropriate addition or reduction in accordance with symptoms);
- Formula: *Ren Shen* 30 g, *Pao Fu Zi* 12 g, *Sheng Jiang* 6 g, *Wu Wei Zi* 10 g, *Shan Yu Rou* 10 g;

Note: Decoct *Pao Fu Zi* first and decoct *Ren Shen* separately.

- Decoction: Take one dose per day. Decoct the medication in water to obtain 200 mL of liquid, gavage feeding or nasogastric feeding;
- Course of treatment: The treatment course lasts for 2 weeks; after one course of treatment, adjust the medication according to the patient's condition.

—— External therapeutic method: Utilize acupuncture with acupoint selection based on syndrome differentiation. The primary acupoints are *DU 26* (*shuǐ gōu*), *DU 20* (*bǎi huì*) and *PC 6* (*nèi guān*). The supporting acupoints are *RN 4* (*guān yuán*) and *RN 6* (*qì hǎi*). Administer once daily, in conjunction with Zhuang medicine medicated thread moxibustion. Specific operational procedures are outlined in Annex A.

6.2.2.2.3 Precautions

6.2.2.2.3.1 Adjust the dosage and usage of medication according to the patient's condition. For those in critical condition, the medication may be decocted and administered immediately or continuously for 24 hours via nasogastric feeding. For patients in coma, apply medication through oxygen inhalation combined with medicinal liquid hot compressed on the chest and abdomen front and back.

6.2.2.2.3.2 The Chinese medicinal materials used shall adhere to the requirements outlined in the National Pharmacopoeia or relevant standards.

6.3 Convalescence and sequelae stage

6.3.1 Key points of treatment

During the recovery period, patients should be administered external therapeutic methods of TCM, in conjunction with oral antibiotics, circulation-enhancing medications and neuroprotective drugs. They are encouraged to engage in appropriate exercise and to strengthen their daily care routines in order to control risk factors. In the sequelae stage, antiplatelet or anticoagulant, circulation-enhancing and neuroprotective drugs can be selected according to the condition. Nutritional support and psychological intervention should be strengthened. Once stabilized, rehabilitation treatment should be standardized. It is recommended to employ characteristic rehabilitation therapies of TCM to actively manage complications and prevent recurrent ischemic strokes. For Western medicine treatment methods and precautions, refer to the *Guidelines for Clinical Management of Cerebrovascular Diseases in China (2nd Edition)*.

6.3.2 Syndrome differentiation and treatment

6.3.2.1 Convalescence and sequelae stage

6.3.2.1.1 Wind-phlegm with stagnant blood obstructing collaterals pattern

Therapeutic methods:

—— Internal therapeutic method: dispelling pathogenic wind and eliminating phlegm, dispersing blood stasis and promoting collateral circulation:

- Recommended prescription: *Jie Yu Dan* (appropriate addition or reduction in accordance with symptoms);
- Formula: *Shi Chang Pu* 12g, *Yuan Zhi* 10g, *Tian Ma* 10g, *Quan Xie* 3g, *Jiang Chan* 10g, *Dan Nan Xing* 8g, *Tian Zhu Huang* 10g, *Fa Ban Xia* 8g, *Chen Pi* 6g, *Di Long* 10g, *Xi Xian Cao* 10g, *Sang Zhi* 15g, *Ji Xue Teng* 20g, *Dan Shen* 15g, *Hong Hua* 5g;

Note: *Quan Xie* should be stir-fried with alcohol.

- Decoction: one dose per day, decocting in water to yield 400mL, take warm twice daily after meals;

- Course of treatment: The treatment course lasts for 4 weeks. After completing one course, adjust the medication according to the patient's condition, with a total of 3 to 4 courses recommended.

—— External therapeutic method: Utilize acupuncture with acupoint selection on syndrome differentiation. The primary acupoints are *PC 6(nèi guān)*, *SP 6(sān yīn jiāo)*, *HT 1(jí quán)*, *LU 5(chǐ zé)* and *BL 40(wěi zhōng)*, and the supporting acupoints are *ST 40(fēng lóng)* and *GB 20(fēng chí)*. Administer once daily, in conjunction with Zhuang medicine therapies: medicated thread moxibustion, medicated bamboo cup therapy, and lotus needle cupping therapy for expelling stasis. During the sequelae stage, medicated thread moxibustion may be omitted. Specific operational procedures are outlined in Annex A.

6.3.2.1.2 Deficiency of qi and blood stasis pattern

Therapeutic methods:

—— Internal therapeutic method: Promoting blood circulation to disperse blood stasis and tonifying Qi to unclog the meridians:

- Recommended prescription: *Bu Yang Huan Wu decoction* (appropriate addition or reduction in accordance with symptoms) ;
- Formula: *Huang Qi* 30 g, *Dang Gui* 10 g, *Chi Shao* 20 g, *Di Long* 10 g, *Chuan Xiong* 5 g, *Hong Hua* 10 g, *Tao Ren* 10 g, *Chuan Niu Xi* 20 g, *Ji Xue Teng* 30 g;
- Decoction: Take one dose per day. Decoct the medication in water to obtain 400 mL of liquid. Consume it warm, in two equal portions, after meals;
- Course of treatment: The treatment course lasts for 4 weeks. After completing one course, adjust the medication according to the patient's condition, with a total of 3 to 4 courses recommended.

—— External therapeutic method: Utilize acupuncture with acupoint selection based on syndrome differentiation. The primary acupoints are *PC 6(nèi guān)*, *SP 6(sān yīn jiāo)*, *HT 1(jí quán)*, *LU 5(chǐ zé)* and *BL 40(wěi zhōng)*. The supporting acupoints are *ST 36(zú sān lǚ)* and *RN 6(Qì hǎi)*. Administer once daily, in conjunction with Zhuang medicine therapies: medicated thread moxibustion, medicated bamboo cup therapy, plastering therapy, and lotus needle cupping therapy for expelling stasis. During the sequelae stage, medicated bamboo cup therapy and lotus needle cupping therapy for expelling stasis may be omitted. Specific operational procedures are outlined in Annex A.

6.3.2.1.3 Deficiency of liver and kidney pattern

Therapeutic methods:

—— Internal therapeutic method: nourishing liver and kidneys:

- Recommended prescription: *Zuo Gui Wan* combined with *Di Huang Yin Zi decoction* (appropriate addition or reduction in accordance with symptoms) ;
- Formula: *Shu Di Huang* 20 g, *Gou Qi* 15 g, *Shan Yu Rou* 10 g, *Shi Hu* 10 g, *Mai Dong* 10 g, *Shou Wu* 12 g, *Ji Xue Teng* 15 g, *Dang Gui* 6 g, *Chen Pi* 7 g;
- Decoction: Take one dose per day. Decoct the medication in water to obtain 400 mL of liquid. Consume it warm, in two equal portions, after meals;
- Course of treatment: The treatment course lasts for 4 weeks. After completing one course, adjust the medication according to the patient's condition, with a total of 3 to 4 courses recommended.

—— External therapeutic method: Utilize acupuncture with acupoint selection based on syndrome differentiation. The primary acupoints are *PC 6(nèi guān)*, *SP 6(sān yīn jiāo)*, *HT 1(jí quán)*, *LU 5(chǐ zé)* and *BL 40(wěi zhōng)*. The supporting acupoints are *KL*

3(*tài xī*) and RN 4(*guān yuán*). Administer once daily, in conjunction with Zhuang medicine therapies: medicated thread moxibustion, medicated bamboo cup therapy, and plastering therapy. During the sequelae stage, medicated bamboo cup therapy may be omitted. Specific operational procedures are outlined in Annex A.

6.3.2.1.4 Precautions

6.3.2.1.4.1 The above prescriptions should be taken warm after meals. Avoid consuming them cold on an empty stomach, as this may harm the spleen and stomach.

6.3.2.1.4.2 For patients on prolonged medication, it is important to monitor liver and kidney function regularly. If there is any worsening of condition or the appearance of gastrointestinal symptoms, discontinue the medication immediately and seek medical attention as soon as possible, if necessary.

6.3.2.1.4.3 The prescribed medications are not suitable for individuals with a history of allergies. Pregnant women, women in labor, lactating mothers, and children should use them with caution.

6.3.2.1.4.4 The Chinese medicinal materials utilized shall adhere to the requirements outlined in the National Pharmacopoeia or relevant standards.

7 Daily care

7.1 Develop good living habits, including maintaining a low-salt and low-fat diet, quitting smoking, limiting alcohol consumption, controlling weight, and engaging in appropriate aerobic exercises.

7.2 Stay away from triggering factors and regularly screen for risk factors associated with ischemic stroke. Additionally, refrain from overexertion and avoid staying up late for prolonged periods.

7.3 Attach great importance to the secondary prevention of ischemic stroke.

7.4 Enhance rehabilitation exercises to improve various functional impairments and prevent the onset of disuse syndrome.

7.5 Avoid exposure to wind and cold, carefully plan daily routines, balance work and rest, regulate diet, keep a worry-free mind, and prevent the recurrence of ischemic stroke.

Annex A (Normative) External therapies of TCM

A.1 Medicated thread moxibustion of Zhuang medicine

A.1.1 Acupoint selection

For the upper limbs, acupoints including LI 15 (*jiān yú*), LI 11 (*qū chí*), LI 10 (*shǒu sǎn lǚ*), SJ 5 (*wài guān*) and LI 4 (*hé gǔ*) may be selected; for the lower limbs, acupoints such as GB 30 (*huán tiào*), GB 34 (*yáng líng quán*), ST 36 (*zú sǎn lǚ*), ST 41 (*jiě xī*) and BL 60 (*kūn lún*) may be selected. For those with deviation of the face and eyes, selection goes to ST 4 (*dì cāng*), ST 6 (*jiá chē*), LI 4 (*hé gǔ*), ST 44 (*nèi tīng*) and LV 3 (*tài chōng*), and then to other acupoints such as EX-HN16 (*qiān zhèng*), DU 26 (*shuǐ gōu*), ST 2 (*sì bái*) and ST 7 (*xià guān*) according to the lesions.

A.1.2 Moxibustion based on pattern differentiation

The determination of moxibustion techniques (light, medium or heavy) should be based on the patient's condition. In clinical practice, the target acupoint should be aligned with the bead-like sparkle on the thread. Following the flexion movements of the wrist and thumb, the thumb presses the ignited end of the thread onto the acupoint in a steady and agile manner at an angle of 30° to 60°, similar to a sparrow pecking at food. Once the sparkle is extinguished, the thread should be picked up immediately; this is called 1 Zhuang. For the Yin pattern, after performing moxibustion, the thumb rubs the acupoint in a clockwise direction for a few seconds. For the Yang pattern, the rubbing technique should not be applied. Refer to Figure A.1 for an illustration of medicated thread moxibustion of Zhuang medicine.



Figure A.1 Medicated thread moxibustion of Zhuang medicine

A.1.3 Course of treatment

For the Yin pattern, 1 to 3 Zhuangs should be performed at each target acupoint, while for the Yang pattern, 1 to 2 Zhuangs are recommended, up to 3 times a day. The most desired therapeutic effect can be achieved when the ash of the ignited medicated thread left on the acupoint turns white. The course of treatment should be adjusted according to the individual patient's response and specific circumstances.

A.1.4 Precautions

The heat of the medicated thread shall be meticulously regulated to prevent burning the patient's skin. The bead-like sparkle produced offers optimal therapeutic outcomes. During the moxibustion treatment, patients should refrain from consuming foods that are considered “triggering” or “heat-inducing”, including raw onions, beef, horsemeat, seafood, and bamboo shoots. Moxibustion is contraindicated for pregnant women, women in the postpartum period, nursing mothers, as well as for the eyeballs and genital areas of both males and females.

A.2 Medicated bamboo cup therapy of Zhuang medicine

A.2.1 Acupoint selection

Selection goes to *hua tuo jia ji* points, the foot *taiyang* bladder channel, the hand *taiyang* large intestine channel, the foot *shaoyang* gallbladder channel, the foot *yangming* stomach channel and the foot *taiyin* spleen channel.

A.2.2 Cup boiling

The bamboo cups should be submerged in boiling Zhuang medicinal solution and boiled for 15 to 20 minutes for treating the Yin pattern, and for 5 to 14 minutes for treating the Yang pattern.

A.2.3 Cup retaining

The practitioner should hold the bamboo cup with tweezers in the right hand and a clean towel in the left hand, then swiftly invert the cup onto the towel to remove any excess liquid. Once the excess liquid has drained off, the practitioner should use the thumb, index finger, and middle finger of the right hand to grasp the bottom of the cup and test its temperature by placing the inner side of their forearm against it. Once the temperature is confirmed to be suitable, the bamboo cup should be swiftly placed onto the treatment area. After a brief moment, it should be rotated gently to ensure a tight adherence to the skin. For the Yin pattern, the cup should be rotated clockwise by 10° to 30° at a slow speed and with gentle force. For the Yang pattern, it should be rotated counterclockwise by the same degree range but at a slightly faster speed and with heavier force. The cup should remain in place for a duration of 5 to 15 minutes, depending on the severity of the patient's condition.

A.2.4 Cup sliding

Cup sliding should be administered on a larger, more muscular area of the patient's body. After applying lubricating oil on the selected skin area, the practitioner should press the skin near the cup's edge with one hand while holding the bamboo cup with the other. The cup should be moved back and forth across the skin until petechiae appear in the therapeutic area. For the Yin pattern, the sliding motion should be gentle and slow to achieve light red or red petechiae on the treated skin area. For the Yang pattern, a heavier and faster motion is required to produce dark red or light purple petechiae. Refer to Figure A.2 for an illustration of medicated bamboo cup therapy of Zhuang medicine.



Figure A.2 Medicated bamboo cup therapy of Zhuang medicine

A.2.5 Course of treatment

Typically, the treatment ought to be administered once daily; however, adjustments may be necessary based on each patient's individual response and specific circumstances.

A.2.6 Precautions

Before performing cup retention, ensure that the cup is thoroughly emptied of any excess liquid to prevent burns. Removing of the cup should be gentle and swift, avoiding any forceful pulling. It is advisable for the patient to receive treatment for 1 to 2 hours after meals, stay warm and avoid bathing within 4 to 6 hours (period) following the treatment. Pregnant women, postpartum women, breastfeeding mothers, women during menstruation, children, and individuals with bleeding disorders are not recommended for this therapy. If small blisters appear after cupping, it is crucial to take special care to avoid rubbing or breaking them; instead, allow them to heal and absorb naturally over time. In the case of larger blisters, a sterilized needle can be used to carefully puncture and drain the fluid. After doing so, apply an iodine tincture to the area and cover it with sterile gauze.

A.3 Plastering therapy of Zhuang medicine

A.3.1 Preparation of medicated plasters

Mix an appropriate amount of Zhuang medicine powder with rice wine for treating the Yin pattern, and with rice vinegar for treating the Yang pattern; blend the ingredients thoroughly until they are evenly combined.

A.3.2 Plastering

Medicated plasters of an appropriate size should be selected based on the specific treatment area. For the Yin pattern, the plasters should be heated to a temperature ranging between 40 °C and 50 °C, but no heating is necessary for the Yang pattern. First, a tendon manipulation should be conducted on the treatment area for a duration of 5

to 10 minutes to ensure the patient's comfort. Next, it is important to test the temperature of the plaster on the back of your hand before applying the plaster with its adhesive side to the patient's skin. Finally, only when the patient has confirmed that the plaster is not too hot, it should be firmly attached to the treatment area using adhesive tape. Refer to Figure A.3 for an illustration of plastering therapy of Zhuang medicine.



Figure A.3 Plastering therapy of Zhuang medicine

A.3.3 Course of treatment

The plaster can be applied for a duration of 4 to 6 hours, with each application occurring every other day. A complete course of treatment consists of a total of 7 applications. The course of treatment should be tailored based on the individual patient's response and specific circumstances.

A.3.4 Precautions

If the patient experiences skin itching, red rash, pain, or any other discomfort, the application of the plaster shall be discontinued immediately. Pregnant women, postpartum women, breastfeeding mothers and individuals with allergic tendencies should use it with caution.

A.4 Lotus needle cupping therapy of Zhuang medicine for expelling stasis

A.4.1 Acupoint selection

Beiliang and *Lianhua* are commonly selected acupoints.

A.4.2 Acupuncture and cupping

The practitioner should grasp the lotus needle and tap the skin at the selected acupoint three times consecutively. Next, ignite the blood cup (fire cup) to create a vacuum and promptly place it over the acupoint. Once a small amount of bleeding is observed inside the cup, leave it in place for 10 to 15 minutes. To remove the cup, the practitioner should press the skin near it with one hand and swiftly lift it off with the other, then clean any blood from the skin using sanitary paper. Finally, thoroughly disinfect the treated area twice to ensure cleanliness and prevent infection. Refer to Figure A.4 for an illustration of lotus needle cupping therapy for expelling stasis of Zhuang medicine.

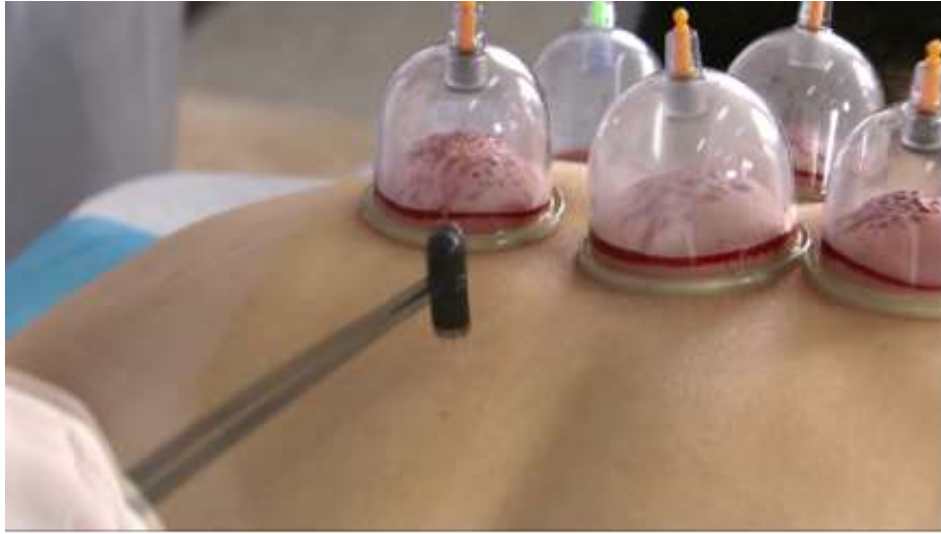


Figure A.4 Lotus needle cupping therapy for expelling stasis of Zhuang medicine

A.4.3 Course of treatment

The treatment should be performed twice a week, with adjustments made to the course of treatment based on the individual patient's response and specific circumstances.

A.4.4 Precautions

The treatment is contraindicated for pregnant women, postpartum women, individuals with high fever and convulsions, and those with coagulation disorders. Areas with broken skin, ulcers, scars, severe edema, and superficial large blood vessels should be avoided during the treatment. Elderly and frail individuals, as well as patients with deficiency patterns or hemopathy, should use the treatment with caution. Strict attention should be paid to aseptic procedures during the treatment process and to proper wound care after removing the cup.

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