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RESEARCH ARTICLE

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International clinical practice guideline on the use of traditional Chinese medicine for ulcerative colitis by Board of Specialty Committee of Digestive System Disease of World Federation of Chinese Medicine Societies (2023)

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DISCLAIMER This guideline is based on existing evidence and expert consensus, and cannot replace a medical consultation and medical decision-making. Users of the guideline must abide by the laws and drug contraindications in their respective regions. The guideline development panel does not assume any responsibility for the problems arising from the treatment of diseases according to this guideline.

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Abstract

Ulcerative colitis (UC), a chronic and nonspecific inflammatory disease of the intestine, has become a prevalent global health concern. This guideline aims to equip clinicians and caregivers with effective strategies for the treatment and management of adult UC patients using traditional Chinese medicine (TCM). The guideline systematically evaluated contemporary evidence through the Grading of Recommendations Assessment, Development, and Evaluation framework. Additionally, it incorporated insights from ancient Chinese medical sources, employing the evidence grading method found in traditional TCM literature. The development process involved collaboration with multidisciplinary experts and included input from patients with UC. The guideline, based on a comprehensive review of available evidence, present 40 recommendations. They offer a condensed overview of TCM's role in understanding the pathogenesis, diagnosis, and treatment of UC, along with an assessment of the efficacy of various TCM-based treatments. TCM exhibits promising outcomes in the treatment of UC. However, to establish its efficacy conclusively, further high-quality clinical studies on TCM for UC are essential.

KEYWORDS
Chinese patent medicine, guideline, traditional Chinese medicine, ulcerative colitis

1 | INTRODUCTION

Ulcerative colitis (UC) is a chronic, nonspecific inflammatory disease of the intestines, predominantly affecting young to middle-aged individuals. Clinical manifestations include persistent or recurrent mucous pus, bloody stool, diarrhea, abdominal pain, tenesmus, and varying degrees of systemic symptoms (Inflammatory Bowel Disease Group, Chinese Society of Gastroenterology, Chinese Medical Association, 2018; Ungaro et al., 2017).

Historically, the incidence of UC was primarily high in North America and Europe. However, with evolving societal living conditions, its prevalence has surged rapidly in Asia, Africa, and South America in recent years, establishing itself as a globally significant ailment (Ng et al., 2017). According to a study utilizing China's national urban worker database and the new rural cooperative medical system database, the prevalence of UC escalated from 8.72/100,000 in 2013 to 17.24/100,000 in 2016. This translates to an average annual growth rate of 24.20%, imposing substantial strain on local medical systems responsible for diagnosis and treatment (Yang et al., 2022).

In China, the *Expert Consensus on TCM Diagnosis and Treatment of Ulcerative Colitis (2017)* (Shengsheng, Hong, et al., 2017; Shengsheng, Wei, et al., 2017), *Consensus on Diagnosis and Treatment of Ulcerative Colitis with Integrated Chinese and Western Medicine (2017)* (Junxiang & Jing, 2018), and *TCM Diagnosis and Treatment Plan for Lingering Dysentery (Ulcerative Colitis)* (National Administration of Traditional Medicine, 2017) have significantly standardized the clinical diagnosis and treatment of UC. However, these consensus statements predominantly adhere to the traditional expert consensus format. Furthermore, as evidence-based medicine data are continually updated, traditional Chinese medicine (TCM) has demonstrated promising results in the treatment of UC. Hence, there is a practical need for internationalization and modernization to formulate a new TCM-based international clinical practice guideline for UC based on available evidence-based studies.

This guideline was formulated with the support of China's national key research and development project "Development of International Standards for TCM Technology" (No. 2019YFC1712003), and was organized and framed in January 2021 by Professor Shengsheng Zhang, chief expert at the Beijing Hospital of Traditional Chinese Medicine, Capital Medical University, Beijing, China. The guideline development panel invited multidisciplinary experts, including Chinese and Western medicine clinical experts and methodological, pharmaceutical, nursing, and health economics experts, as well as patients with UC, to draft the guideline. The guideline compiles the practices of TCM diagnosis and treatment in UC by referring to the *WHO Handbook for Guideline Development* and related methodological standards, as well as the extended version of the Reporting Items for Practice Guidelines in Healthcare (Xie et al., 2020) with the aim of providing standardized TCM-based strategies for UC diagnosis, treatment, and management. This guideline applies to adult UC patients, but not children and pregnant or lactating UC patients. This guideline is mainly intended to be used to guide clinicians and nursing staff in hospitals of all levels to apply TCM to treat UC patients.

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chief expert at the Beijing Hospital of Traditional Chinese Medicine, Capital Medical University, Beijing, China. The guideline development panel invited multidisciplinary experts, including clinical experts in both Chinese and Western medicine, as well as methodological, pharmaceutical, nursing, and health economics experts. Patients with UC were also included in the drafting process. The guideline compiles TCM practices for the diagnosis and treatment of UC, following the *WHO Handbook for Guideline Development* and related methodological standards, as well as the extended version of the Reporting Items for Practice Guidelines in Healthcare (Xie et al., 2020). The aim is to provide standardized TCM-based strategies for the diagnosis, treatment, and management of UC. This guideline is applicable to adult UC patients but excludes children and pregnant or lactating UC patients. It is primarily intended to guide clinicians and nursing staff in hospitals of all levels in applying TCM to treat UC patients.

2 | METHODS

2.1 | Registration and establishment of the guideline development panel

The guideline was registered with the Practice Guideline Registration for Transparency (http://guidelines-registry.cn/) in September 2021 (registration number: IPGRP-2021CN307). The guideline development panel consisted of five groups: the Steering Committee, Consensus Expert Group, Advisory Group, External Review Group, and Secretary Group (Evidence Evaluation Group). The members of the panel were experts from six fields (TCM, including acupuncture; Western medicine; methodology; pharmacology; nursing; and health economics), eight regions (North China, Northeast China, East China, Central South China, Northwest China, Southwest China, United States, and Singapore), and four types of units (tertiary hospitals, secondary hospitals, community health service centers, and TCM clinics). Please refer to Data S1 for a supplementary explanation of the responsibilities and composition characteristics of the guideline development panel.

During the development of this guideline, Evidence-Based Medicine Center of Lanzhou University/Chinese Grading of Recommendations Assessment, Development, and Evaluation (GRADE) Center of Lanzhou University guided the entire guideline development process; Chinese Evidence-based Medicine Center of West China Hospital of Sichuan University supervised the process of guideline clinical question identification and recommendation formation; Beijing Evidence-based Chinese Medicine Center directed the process of clinical question solicitation; and Institute of Information on Traditional Chinese Medicine of China Academy of Chinese Medical Sciences led the process of ancient evidence appraisal.

2.2 | Declaration of conflict of interest

All members of the guideline panel have filled out the conflict of interest statement as required. There is no financial, non-financial, or other conflicts of interest directly related to this guideline.

2.3 | Collection and determination of clinical problems and outcome indexes

The Secretary Group systematically searched and referred to the related TCM consensus, diagnosis, and treatment plans for UC, including the *Expert Consensus on TCM Diagnosis and Treatment of Ulcerative Colitis (2017)*, *Consensus on Diagnosis and Treatment of Ulcerative Colitis with Integrated Chinese and Western Medicine (2017)*, *TCM Diagnosis and Treatment Plan for Lingering Dysentery (Ulcerative Colitis)*, *Guidelines of TCM Diagnosis and Treatment for Common Diseases of Digestive System-Ulcerative Colitis (Edition of physicians in district and community hospitals)*, etc. In combination with the results of expert interviews, the list of clinical problems and outcome indexes of the guideline was preliminarily drawn up, after which 23 clinicians in the Advisory group were invited to supplement the problems in the list. Among the clinicians participating in the survey, the ratio of chief physicians, deputy chief physicians, attending physicians, and residents was 7:6:5:5, and the male to female ratio was 4:6. There were ≥1 clinicians each from North China, Northeast China, East China, Central South China, Northwest China, and Southwest China, and the working unit was a mainly tertiary hospital, with one secondary hospital and one community health service center. The preliminary list of clinical questions and efficacy evaluation indexes drawn up by the Secretary Group and the supplementary questions and efficacy evaluation indexes added by the Advisory group are, respectively, presented in Tables S2 and S3. The panel also invited 64 patients with UC from the Beijing Hospital of Traditional Chinese Medicine, Capital Medical University; Jiangsu Province Hospital of Chinese Medicine; First Affiliated Hospital, Guangzhou University of Traditional Chinese Medicine; Dongfang Hospital, Beijing University of Chinese Medicine; First Affiliated Hospital, Heilongjiang University of Chinese Medicine; and Yunnan Provincial Hospital of Traditional Chinese Medicine, and investigated the patients' concerns about the efficacy evaluation indexes, for reference when experts vote to select key efficacy evaluation indexes.

After sorting and merging the results of the above procedures, the Consensus Expert Group conducted three rounds of Delphi voting, and after being approved by the Steering Committee, the clinical problems and the efficacy evaluation indexes of this guideline were determined. The corresponding score of each clinical problem ranged from 5 to 1 (for "very important" to "very unimportant," respectively). A score of 4 points or more indicated a key issue that must be included in the guideline, of <4 and >3 points indicated that the problem is important and should be included in the guideline, and of 3 or less indicated a secondary issue that would not be included in the guideline for the time being. The corresponding score of each efficacy evaluation index ranged from 9 to 1 (for "very important" to "very unimportant," respectively). A score of 9–8 points indicated a key index that is very important for decision-making and recommendation, of 7–4 points indicated an important index, and of 3–1 indicated a general index.

Since the Consensus Expert Group members were from different fields related to TCM, Western medicine, pharmacology, etc., each expert only voted on clinical problems and efficacy evaluation indexes

that they were familiar with. The clinical questions and efficacy evaluation indexes determined by Consensus Expert Group can be found in Table S4.

2.4 | Search and evaluation of modern evidence

2.4.1 | Search database and search strategy

The search databases included were as follows: (1) English databases—MEDLINE, EMBASE, and Cochrane Central Register of Controlled Trials; (2) Chinese databases—China National Knowledge Infrastructure, China Science and Technology Journal Database, China Biology Medicine Database and Wanfang Data. The search scope is from the establishment of above databases to May 2021. Please refer to Table S5 for specific search strategies (using MEDLINE and CNKI as examples).

2.4.2 | Inclusion and exclusion criteria

Inclusion criteria: the clinical problems were set according to the principles of the Participants, Intervention, Comparison, Outcome framework in the evidence-based literature with randomized controlled trial (RCT), systematic review and meta-analysis. Participants: confirmed UC patients. The traditional Chinese and Western medicine diagnostic criteria, TCM syndrome differentiation criteria, and efficacy evaluation criteria are in line with the current standards (such as the *Expert Consensus on TCM Diagnosis and Treatment of Ulcerative Colitis (2017)* and the *Consensus on Diagnosis and Management of Inflammatory Bowel Disease (Beijing, 2018)*). The study population met the diagnostic criteria for UC and also met the diagnostic criteria for TCM syndrome. Interventions: subjects in the intervention group were treated by administering TCM decoction or Chinese patent medicine and underwent acupuncture, moxibustion, or a combination of other conventional therapies, including Western medicine treatments (using aminosalicylic acid, hormones, immune or biological preparations, surgery, etc.) Comparison: the control treatments were either Western medicine treatments (using aminosalicylic acid, hormones, immune or biological preparations, surgery, etc.) or placebo. Outcome indexes: Clinical effective rate (using TCM syndrome efficacy evaluation criteria), disease efficacy (using Modified Mayo Score), mucosal histological score (using Geboes index), quality of life score (using inflammatory bowel disease questionnaire on life quality [IBDQ] score), etc. The main outcome indexes of the different clinical problems varied. All Participants, Intervention, Comparison, Outcome questions belong to the intervention effectiveness.

Exclusion criteria: basic research articles, reviews of literature, cohort and case report studies, and expert experience articles; articles that cannot extract data; non-TCM interventions such as single plant medicine, herb extraction, or dry acupuncture.

2.4.3 | Data extraction and evidence evaluation

Two members of the Secretary Group independently screened the literature according to the inclusion and exclusion criteria, read the full texts, extracted the relevant information that was finally included in the text, used the AMSTAR2 scale to evaluate the bias risk of the included systematic reviews, and used the Cochrane Risk Of Bias tool to evaluate the methodological quality of the included RCTs. The evaluation process was completed independently by two members, and any inconsistencies were discussed and resolved by consulting a third party. High-quality systematic reviews and/or meta-analyses were used directly and updated if published more than 2 years ago.

The GRADE framework was used to summarize and evaluate the quality of evidence regarding various clinical problems, and the quality of evidence was assigned one of four grades: high (A), medium (B), low (C), or extremely low (D). Five degradation factors—bias risk, imprecision, inconsistency, indirectness, and publication bias—were considered to assess the evidence through the evidence summary table.

2.5 | Search and evaluation of ancient evidence

According to the method of grading the evidence and recommendations in ancient TCM books suggested by Professor Gao Ying's team, the "Evaluating and Grading Scale for Prevention and Treatment Evidence of Ancient Chinese Medical Books" proposed by Zhang Huamin of the China Academy of Chinese Medical Sciences was selected to evaluate and grade the evidence in the ancient books (Lei et al., 2020), which has been presented through the evidence summary table.

The evaluation and grading process can be explained using Shaoyao decoction as an example. Shaoyao decoction was first described in the *Discussion on the Pathogenesis in Plain Questions and Health Preservation*, in which it is recorded that the Shaoyao decoction can regulate blood and Qi; the book is also inspired by the *Inner Canon of Yellow Emperor* and proposes that the cause of the symptoms of short and red urine and pus and blood in the stool is Qi stagnation leading to blood stasis, and that the pus and tenesmus would disappear after the blood and Qi are regulated.

Composition: one *liang* Shaoyao (*Chinese herbaceous peony*), half *liang* Danggui (*Angelicae Sinensis Radix*), half *liang* Huanglian (*Coptidis Rhizoma*), two *qian* Binglang (*Arecae Semen*), two *qian* Muxiang (*Aucklandiae Radix*), two *qian* Zhigancao (*Glycyrrhizae Radix Et Rhizoma Praeparata* Cum *Melle*), three *qian* Dahuang (*Rhei Radix Et Rhizoma*), half *liang* Huangqin (*Scutellaria Radix*), one and a half *qian* Rougui (*Cinnamomi Cortex*). Grind these medicinal ingredients, and decoct half *liang* at a time with two cups of water until only one cup of decoction is left ("*liang*" and "*qian*" were both dosage unit in ancient China. In the Jin and Yuan Dynasties, one "*liang*" was about 39–40 g, and one "*qian*" was about 3.9–4 g). Warm the decoction and take it after a meal. For dysentery with bloody stool, add Dahuang (*Rhei Radix Et Rhizoma*). For

TABLE 1 Evidence-based results of ancient traditional Chinese medicine books in treating ulcerative colitis (UC) ("Jiuli [久痢]": lingering dysentery) using Shaoyao decoction.

	Intervention	Source ancient books	Number of versions	Quantity of reference	Research on ancient books on lingering dysentery	Application in medical cases/ records on lingering dysentery	Research situation of UC	Total score	Rank
	Shaoyao Decoction	*Discussion on the Pathogenesis in Plain Questions and Health Preservation*	11	58	1386	47	195	35.95 points	High-grade evidence
Score	5 points	4 points	3 points	1 point	5 points	3 points	3 points		
Weight	2.5	3.5	3	3.5	2.5	2.5	2.5		
Account	0.3		0.7						

pathogens that are emitted through sweat, add half *liang* Huangbo (*Phellodendri Chinensis Cortex*).

In terms of the popularity of ancient TCM books, *Discussion on the Pathogenesis in Plain Questions and Health Preservation* is the representative work of Liu Wansu, one of the four famous TCM masters of the Jin and Yuan Dynasties, mark it with four points, multiplied by 3.5 points that accounts for weight, mark it with 14 points in total. The content belongs to knowledge evidence, and the main symptoms and concurrent syndromes related to disease prevention and control are comprehensive, make it with five points, multiplied by 2.5 points that accounts for weight, mark it with 12.5 points in total, so the total score of these two items for ancient TCM books evaluation is 26.5 points. After searching the *General Catalogue of Ancient Chinese Medicine Books*, *Discussion on the Pathogenesis in Plain Questions and Health Preservation* has 11 versions, mark it with three points, multiplied by three points that accounts for weight, mark it with nine points in total (it should be pointed out that the "weight" here is not a specific weight of Chinese medicine, but a pre-specified sub-item scoring weight, which is multiplied by the score to obtain the final score of the sub-item, the same below); the citation of this book in *Chinese Medical Classics* is 58, mark it with one point, multiplied by 3.5 points that accounts for weight, mark it with 3.5 points in total. There are 1386 studies to the book with knowledge-based ancient TCM books, mark it with five points, multiplied by 2.5 points that accounts for weight, mark it with 12.5 points in total. The application of the content is manifested in 47 records of the medical cases, mark it with three points, multiplied by 2.5 points that accounts for weight, mark it with 7.5 points in total. The referring frequency of modern literature to the content is 195, mark it with three points, multiplied by 2.5 points that accounts for weight, mark it with 7.5 points in total. The total score of these four items for evidence content evaluation Is 40 points, in which the account for weight of ancient TCM books evaluation and evidence content evaluation is 3:7, so the total score is $26.5 \times 0.3 + 40 \times 0.7 = 35.95$ points, which is high-grade evidence. The results are shown in Table 1.

2.6 | Economic information investigation

Investigations into economic information were conducted by the panel at the Beijing Hospital of Traditional Chinese Medicine, Capital Medical University; Jiangsu Province Hospital of Chinese Medicine; First Affiliated Hospital, Guangzhou University of Traditional Chinese Medicine; First Affiliated Hospital, Heilongjiang University of Chinese Medicine; Gansu Provincial Hospital of Traditional Chinese Medicine; and Yunnan Provincial Hospital of Traditional Chinese Medicine, so as to obtain relevant information regarding average price, accessibility, and medical insurance for Chinese medicine or Chinese patent medicine that UC patients may use in hospitals in different regions. The average price as well as the price range of each prescription was calculated based on the composition and dosage according to *Formulaology (Textbook for the 13th Five-Year Plan for Higher Education of Traditional Chinese Medicine Industry)*, which was used as a

reference for the Consensus Expert Group to form recommendations. The results of Sections 2.4–2.6 can be found in Table S6.

2.7 | Selection of alternative interventions

After the collection and investigation of the clinical problems in the early stage, it was found that multiple alternative intervention measures can be adopted for some syndromes. To make the guideline more targeted and operable, the panel first invited the TCM experts in the Consensus Expert Group to score the appropriateness of each intervention measure with reference to the evidence regarding systematic evaluation and previous relevant guidelines combined with clinical experience. Points were awarded as follows: 1–3 points, 4–6 points, and 7–9 points represent inappropriate, uncertain, and appropriate evidence, respectively. The TCM decoction with a score ≥7 should be selected for each syndrome, and Chinese patent medicine with a score ≥7 should be selected as the main prescription for each syndrome to form recommendations.

2.8 | Formation of guideline recommendations

This guideline used the GRADE method to grade the quality of evidence and the strength of recommendations. See Table 2 for the specifications on grading the quality of evidence and Table 3 for the specifications on grading the strength of recommendations (Jaeschke et al., 2008).

Before the formal voting, some experts from Advisory Group were invited to provide comments on the draft recommendation. Opinions with direct evidence were voted by the Consensus Expert Group to select either "strong recommendation (A)," "weak recommendation (B)," "no clear recommendation (C)," "weak non-recommendation (D),", or "strong non-recommendation (E)." A consensus was reached if the votes for any option except "C" exceeded 50%, and this option was then determined as the corresponding recommendation strength; when the number of votes for any option did not exceed 50% but the total number of votes for "A + B" exceeded 70% or the total number of votes for "C + D" exceeded 70%, this was also regarded as reaching a consensus, but with the recommendation intensity as a weak recommendation or weak non-recommendation. In other cases, it was considered that no consensus could be reached, and, therefore, those opinions were not included.

Some opinions are formed by expert opinions/experiences; for these, the Consensus Expert Group voted to choose "recommended," "neutral," or "not recommended." If the votes of any option except "neutral" exceeded 70%, a consensus was deemed to have been reached, and is indicated as a "good practice statement (GPS)" in the text. In other cases, it was deemed that no consensus could be reached, and, therefore, that opinion was not included.

In addition, the guideline followed the method of grading the evidence from ancient TCM books suggested Professor Ying Gao's team (Yuning et al., 2021) in an effort to provide supplement evidence with TCM characteristics for the guideline. The process of evaluation and grading such evidence is presented in Section 2.5 of this guideline, and the specifications on grading the evidence are presented in Table 4. The results of modern evidence, ancient TCM evidence, and economic information investigation were provided to the Consensus Expert Group for consideration at the same time as the formation of recommendations.

TABLE 2 Specifications on grading the quality of evidence.

Evidence quality classification	Specific meaning
High (A)	Very sure: the observed value is close to the true value
Moderate (B)	Moderate confidence in the observed value: the observed value may be close to the true value, but it may also vary greatly
Low (C)	Limited grasp of the observed value: the observed value may differ greatly from true value
Very low (D)	Little certainty about the observed value: the observed value may differ greatly from the true value
Good practice statement	Recommendation based on indirect evidence or expert opinion/experience

TABLE 3 Specifications on grading the strength of recommendations.

Recommended strength grading	Specific meaning
Strong recommendation (A)	It is obvious that the advantages outweigh the disadvantages when implementing this intervention measure
Weak recommendation (B)	The advantages of implementing this intervention may outweigh the disadvantages
No explicit recommendation (C)	The advantages and disadvantages of implementing this intervention are equivalent or uncertain
Weak non-recommendation (D)	Implementing this intervention may do more harm than good
Strong non-recommendation (E)	It is obvious that the implementation of this intervention measure will do more harm than good

TABLE 4 Specifications on grading the evidence from ancient traditional Chinese medicine books.

Rank	Score
High-grade evidence	More than 35 points
Medium-grade evidence	20–35 points
Low-grade evidence	Less than 20 points

Since the Consensus Expert Group members came from different fields, including TCM, Western medicine, and pharmacology, each expert only voted on what he/she was familiar with. After a round of Delphi method voting (Guanru et al., 2021), the Group reached a consensus on all clinical issues. A total of 40 recommendations have been formed in this guideline, including all-around clinical issues in UC's TCM name, as well as the corresponding etiology and pathogenesis, diagnoses, treatments, adjustments, and curative effect evaluations.

2.9 | External review of the guideline

The draft of the guideline was reviewed by six external experts (including two TCM clinical experts and four Western medicine clinical experts) and improved according to external experts' feedback. Please refer to Figure S2 for the main method process diagram of sections 2.1–2.9.

3 | CLINICAL PROBLEMS AND RECOMMENDATIONS RELATED TO GUIDELINES

3.1 | TCM name and pathogenesis of UC

Recommendation 1: The TCM disease term "Jiuli (久痢)" was considered most suitable for describing UC (GPS).

The descriptions of UC in ancient TCM books include "Chang Feng (肠风)", "Chang Pi (肠癖)", "Da Jia Xie (大瘕泄)", "Xia Li (下利)", "Zhi Xia (滞下)", "Li Ji (痢疾)", "Jiuli (久痢)", "Xiu Xi Li (休息痢)", etc. As the disease has different clinical manifestations in the remission and attack stages, has a long course, and is easily relapses, the TCM disease term "Jiuli (久痢)" was deemed to be most suitable for describing the disease.

Recommendation 2: According to TCM, the pathogenic basis of UC is a weak spleen, with exogenous pathogenic factors, improper diet, emotional stress, and exhaustion being the main inducing factors (GPS).

Recommendation 3: The main pathogenesis of UC in the active stage is irregular Qi and blood caused by damp-heat accumulation in the intestines; the main pathogenesis in the remission stage is the transportation-related dysfunction of the spleen due to spleen deficiency and dampness stagnation (GPS).

TCM pathological features of UC: the active stage is generally characterized by excess syndrome, with irregular Qi and blood caused by damp-heat accumulation in the intestines as the main pathogenesis; in severe cases, heat-toxicity and stasis-heat are the main factors, and for those who fail to recover or suffer a relapse, factors of phlegm turbidity and blood stasis should be considered. The remission stage is generally characterized by intermingled deficiency and excess syndromes, with transportation-related dysfunction of the spleen due to spleen deficiency and dampness stagnation as the main pathogenesis.

3.2 | TCM syndrome diagnosis and basic treatment of UC

Recommendation 4: The basic TCM syndromes of UC are generally divided into eight types: syndrome of dampness-heat in the large intestine, syndrome of fire toxicity, syndrome of spleen deficiency and dampness accumulation, syndrome of intermingled heat and cold, syndrome of stagnation of liver Qi and spleen deficiency, syndrome of Yang deficiency of the spleen and kidney, syndrome of Yin-blood depletion, and syndrome of stasis resistance in intestinal collaterals (GPS).

The key diagnostic points and basic treatment for each syndrome type are listed in Table 5. When there are at least two major symptoms and at least two secondary symptoms in each type, the corresponding syndrome type can be diagnosed by examining the tongue and pulse.

3.3 | Treatment of UC using Oral TCM preparations

3.3.1 | Syndrome of dampness-heat in the large intestine

Recommendation 5: Use Shaoyao decoction (addition and subtraction treatment) to treat UC patients with the syndrome of dampness-heat in the large intestine (GRADE evidence level: C, ancient TCM book evidence level: high, recommended intensity: strong recommendation).

Ingredients of Shaoyao decoction: Huangqin (*Scutellaria Radix*), Huanglian (*Coptidis Rhizoma*), Shaoyao (*Chinese herbaceous peony*), Danggui (*Angelicae Sinensis Radix*), Muxiang (*Aucklandiae Radix*), Binglang (*Arecae Semen*), Dahuang (*Rhei Radix Et Rhizoma*), Rougui (*Cinnamomi Cortex*), and Gancao (*Glycyrrhizae Radix Et Rhizoma*).

Addition and subtraction: for obvious abdominal pain, add Xuchangqing (*Cynanchi Paniculati Radix Et Rhizoma*); for excessive pus and blood in the stool, add Chishao (*Paeoniae Radix Rubra*), Mudanpi (*Moutan Cortex*), and Diyu (*Sanguisorbae Radix*). Remove Rougui (*Cinnamomi Cortex*) and add Wumei (*Mume Fructus*) when intense heat consumes the body fluid.

Medication suggestion: Take 1 dose decocted with water twice (in the morning and evening) per day. Twenty-two experts (84.6%) recommended taking it after breakfast and dinner.

Notes: A total of six RCTs were included, with test group patients administered Shaoyao decoction (addition and subtraction treatment) in combination with mesalazine orally, and the control group patients taking mesalazine only. The results showed that Shaoyao decoction in combination with mesalazine had a higher total clinical effective rate ($n = 583$, relative risk [RR] = 1.13, 95% confidence interval [CI] [1.07,

TABLE 5 Diagnostic points and basic treatment principles for ulcerative colitis syndrome types.

Basic syndrome type	Major symptoms	Secondary symptoms	Tongue & pulse	Basic treatment
Syndrome of dampness-heat in the large intestine	1. Diarrhea, mucus pus, and bloody stool 2. Abdominal pain 3. Tenesmus	1. Burning sensation around the anus 2. Abdominal distension 3. Short and red urine 4. Dry mouth 5. Bitter taste in the mouth	1. Red tongue with yellow and greasy coating 2. Slippery pulse	Clearing heat and eliminating dampness to regulate Qi and blood
Syndrome of fire toxicity	1. Blood and pus in stool in large volume and multiple times 2. Obvious abdominal pain 3. Fever	1. Tenesmus 2. Abdominal distension 3. Excessive thirst 4. Restlessness	1. Red tongue with yellow and dry coating 2. Slippery and rapid pulse	Cooling blood and detoxicating to clear away heat and dampness
Syndrome of spleen deficiency and dampness accumulation	1. Purulent bloody stool with much mucus (white jelly-like) and a little blood 2. Diarrhea and loose stool with undigested food 3. Abdominal distension	1. Dull abdominal pain 2. Fatigued limbs 3. Poor appetite 4. Spiritlessness and laziness to speak	1. Reddish tongue with teeth-prints on the sides and white and greasy coating 2. Thin and weak or thin and slippery pulse	Invigorating Qi and spleen to eliminate dampness and harmonize the middle energizer
Syndrome of intermingled heat and cold	1. Purulent, bloody, and thin stool with recurrent sticky jelly-like mucus 2. Burning sensation around the 3. Continuous abdominal pain	1. Aversion to cold 2. Thirst without desire for water 3. Hunger without desire for food	1. Red or reddish tongue with thin and yellow coating 2. String-like or thin string-like pulse	Warming the middle energizer and tonifying deficiency to clear away heat and eliminate dampness
Syndrome of stagnation of liver Qi and spleen deficiency	1. Depression or anxiety, which could induce increased stool frequency 2. Sloppy or mucous stool 3. Immediate diarrhea after abdominal pain, with pain relief after diarrhea	1. Poor defecation 2. Reduced diet 3. Abdominal distension 4. Borborygmus	1. Reddish tongue with thin and white coating. 2. String-like or thin string-like pulse	Syndrome of stagnation of liver Qi and spleen deficiency
Syndrome of yang deficiency of spleen and kidney	1. Ungratifying diarrhea, thin stool 2. White jelly-like mucus or undigested food in stool, uncontrollable defecation 3. Abdominal pain that could be relieved by warmth and pressure	1. Abdominal distension 2. Poor appetite 3. Cold body and limbs 4. Soreness of waist and knees	1. Pale and swollen tongue with teeth-prints on the sides, and thin, white, moist coating 2. Sunken and thin pulse	Invigorating spleen and kidney to warm Yang Qi and eliminate dampness
Syndrome of Yin-blood depletion	1. Purulent, bloody stool with recurrent attacks 2. Dry stool with mucus, hematochezia, and poor defecation 3. Dull burning pain in the abdomen	1. Emaciated figure 2. Dry mouth and throat 3. Dysphoria and insomnia 4. Vexing heat in the chest, palms, and soles	1. Light red tongue with little moisture, little coating, or no coating 2. Thin and weak pulse	Nourishing Yin and clearing intestines to invigorate Qi and nourish blood
Syndrome of stasis resistance in intestinal collaterals	1. Abdominal pain with a definite source and aversion to pressure. 2. Ungratifying diarrhea 3. Purulent, bloody stool with dark red blood or blood clots	1. Darkish complexion 2. Mass in the abdomen 3. Abdominal stabbing pain 4. Scaly dry skin	1. Dark red tongue with petechiae and ecchymosis 2. Astringent or string-like pulse	Promoting blood circulation and removing blood stasis to regulate intestines and dredge collaterals

1.21], $p < 0.01$, low-quality evidence) and endoscopic response rate (modified Mayo endoscopic sub-score decreased by at least 1 point relative to that at baseline; $n = 127$, RR = 1.23, 95% CI [1.07, 1.40], $p < 0.01$, low-quality evidence) and better IBDQ score ($n = 127$, mean difference [MD] = 20.78, 95% CI [18.86, 22.70], $p < 0.01$, low-quality evidence) (Chengjiao et al., 2021; Fangchao, 2019; Honghui, 2019; Lijian & Bin, 2014; Rudan et al., 2017; Wei et al., 2022). In addition, in a meta-analysis that included seven RCTs, test group patients were administered Shaoyao decoction (addition and subtraction treatment) orally, and the control group was administered Western medicine orally (mesalazine, sulfasalazine, or sulfasalazine in combination with metronidazole to perform coloclysis). The results showed that the total clinical effective rate for Shaoyao decoction (addition and subtraction treatment) alone was higher than that of the control group treatment ($n = 1075$, RR = 1.38, 95% CI [1.26, 1.51], $p < 0.01$, low-quality evidence) and the recurrence rate was lower than that of the control group treatment ($n = 105$, RR = 0.18, 95% CI [0.06, 0.55], $p < 0.01$, low-quality evidence). No adverse reactions were reported (Jirong & Manman, 2019). Shaoyao decoction comes from the ancient TCM book "*Discussion on the Pathogenesis in Plain Questions and health preservation*," and its evidence-based result from ancient TCM books in treating "Jiuli (久痢)" is "high-grade evidence," with an evaluation score of 35.95.

Recommendation 6: Use Chinese patent medicine Hudi Changrong capsules to treat UC patients with the syndrome of dampness-heat in the large intestine (GRADE evidence level: C, recommended intensity: strong recommendation).

Ingredients: Zhu Sha Qi (*Polygonum Cillinerve [Nakai] Ohwi*), Huzhang (*Polygoni Cuspidati Rhizoma Et Radix*), Di Yu Tan (*Sanguisorba officinalis charcoal*), Bei Bai Jiang (*Patrinia scaniosaefolia*), Baihuasheshecao (*Oldenlandia diffusa*), Er Se Bu Xue Cao (*Limonium Bicolor*), Baiji (*Bletillae Rhizoma*), and Gancao (*Glycyrrhizae Radix Et Rhizoma*).

Notes: A total of one RCT was included, with test group patients administered Hudi Changrong capsules in combination with mesalazine simulant, and control group patients administered mesalazine in combination with Hudi Changrong capsule simulant. The results showed that the curative effect of the Hudi Changrong capsule treatment was equivalent to that of mesalazine treatment in treating UC patients with the syndrome of dampness-heat in the large intestine ($n = 205$, RR = 1.08, 95% CI [0.97, 1.19], $p = 0.08$, low-quality evidence) and in reducing the overall TCM symptom score ($n = 205$, MD = −0.69, 95% CI [−1.58, 0.20], $p = 0.13$, low-quality evidence). No adverse reactions were reported (Hong, Lei, et al., 2019; Hong, Zhipeng, et al., 2019).

Recommendation 7: Use Chinese patent medicine Wuwei Kushen Changrong capsules to treat UC patients with the syndrome of dampness-heat in the large intestine (GRADE evidence grade: C, recommended intensity: strong recommendation).

Ingredients: Kushen (*Sophorae Flavescentis Radix*), Diyu (*Sanguisorbae Radix*), Qingdai (*Indigo Naturalis*), Baiji (*Bletillae Rhizoma*), and Gancao (*Glycyrrhizae Radix Et Rhizoma*).

Notes: According to a meta-analysis, test group patients in eight studies were administered Wuwei Kushen Changrong capsules orally (alone or in combination with mesalazine simulant), whereas the control group patients were treated with Western medicine (administration of mesalazine orally, mesalazine in combination with Wuwei Kushen Changrong capsule simulant, or sulfasalazine). The results suggested that the total clinical effective rate of Wuwei Kushen Changrong capsule treatment in treating UC was equivalent to that of the control group treatments ($n = 239$, RR = 1.10, 95% CI [0.97, 1.24], $p = 0.18$, low-quality evidence). Adverse reactions in the test group included nausea, abdominal pain, abdominal distension, stomachache, loss of appetite, indigestion, oral ulcers, pharyngitis, perianal pain, abnormal liver function, upper respiratory tract infection, conscious fever, insomnia, fatigue, and menstrual disorders (Huibiao et al., 2018).

Recommendation 8: Use Chinese patent medicine Gegen Qinlian (in the form of tablets, capsules, granules, or oral liquid) to treat UC patients with the syndrome of dampness-heat in the large intestine (GPS).

Ingredients: Gegen (*Puerariae Lobatae Radix*), Huangqin (*Scutellariae Radix*), Huanglian (*Coptidis Rhizoma*), and Zhigancao (*Glycyrrhizae Radix Et Rhizoma Praeparata* Cum *Melle*).

Notes: No relevant RCT was retrieved.

3.3.2 | Syndrome of fire toxicity

Recommendation 9: Use Baitouweng decoction to treat UC patients with the syndrome of fire toxicity (GRADE evidence level: C, ancient TCM books evidence level: high, recommended intensity: strong recommendation).

Ingredients: Baitouweng (*Pulsatillae Radix*), Huangbo (*Phellodendri Chinensis Cortex*), Huanglian (*Coptidis Rhizoma*), Qinpi (*Fraxini Cortex*).

Addition and subtraction: for obvious tenesmus, add Muxiang (*Aucklandiae Radix*), Binglang (*Arecae Semen*), and Zhiqiao (*Aurantii Fructus*); for obvious blood in the stool, add Sanqi powder (*Notoginseng Radix Et Rhizoma*) or Yunnan Baiyao; for fever, add Qingdai (*Indigo Naturalis*).

Medication suggestion: take one dose decocted with water twice (in the morning and evening) per day. Twenty experts (76.9%) recommended taking it after breakfast and dinner.

Notes: A total of two RCTs were included, with test group patients administered Baitouweng decoction (addition and subtraction treatment) in combination with Western medicine, and control group patients administered Western medicine orally (including mesalazine, or mesalazine combined with hydrocortisone sodium succinate as enema). The results suggested that Baitouweng decoction in combination with Western medicine could improve the total clinical effective rate of UC patients with the syndrome of fire toxicity ($n = 144$, RR = 1.16, 95% CI [1.01, 1.33], $p = 0.04$, low-quality evidence). Besides, the IBDQ scores in the test group were higher than in the control group in many categories, including intestinal symptoms

($n = 84$, MD = 17.40, 95% CI [15.11, 19.69], $p < 0.01$, low-quality evidence), systemic symptoms ($n = 84$, MD = 8.90, 95% CI [5.54, 12.26], $p < 0.01$, low-quality evidence), emotional ability ($n = 84$, MD = 17.20, 95% CI [14.05, 20.35], $p < 0.01$, low-quality evidence), and social ability ($n = 84$, MD = 11.00, 95% CI [8.29, 13.71], $p < 0.01$, low-quality evidence). The test group also had higher Pittsburgh Sleep Quality Index ($n = 60$, MD = −4.00, 95% CI [−4.80, −3.20], $p < 0.01$, low-quality evidence) and Self-Grading Anxiety Scale ($n = 60$, MD = −7.00, 95% CI [−9.09, −4.91], $p < 0.01$, low-quality evidence) scores. No obvious adverse reactions were observed in the test groups (Ganzhang et al., 2019; Ruwei et al., 2022). Baitouweng decoction comes from the ancient TCM book *Treatise on Febrile Diseases*, and its evidence-based result from ancient TCM books for treating "Jiuli (久痢)" is "high-grade evidence," with an evaluation score of 36.0.

Recommendation 10: Use the Chinese patent medicine Baipuhuang tablets to treat UC patients with the syndrome of fire toxicity (GPS).

Ingredients: Baitouweng (*Pulsatillae Radix*), Pugongying (*Taraxaci Herba*), Huangqin (*Scutellaria Radix*), and Huangbo (*Phellodendri Chinensis Cortex*).

Notes: No relevant RCT was retrieved.

3.3.3 | Syndrome of spleen deficiency and dampness accumulation

Recommendation 11: Use Shenling Baizhu powder to treat UC patients with the syndrome of spleen deficiency and dampness accumulation (GRADE evidence level: C, ancient TCM books evidence level: high, recommended intensity: strong recommendation).

Ingredients: Renshen (*Ginseng Radix Et Rhizoma*), Baizhu (*Atractylodis Macrocephalae Rhizoma*), Fuling (*Poria*), Shanyao (*Dioscoreae Rhizoma*), Lianzi (*Nelumbinis Semen*), Baibiandou (*Lablab Semen Album*), Yiyiren (*Coicis Semen*), Sharen (*Amomi Fructus*), Jiegeng (*Platycodonis Radix*), and Gancao (*Glycyrrhizae Radix Et Rhizoma*).

Addition and subtraction: For obvious white and jelly-like mucus in stool, add Doukou (*Amomi Fructus Rotundus*) and Paojiang (*Zingiberis Rhizoma Praeparatum*); for Qi collapse with chronic diarrhea, add Shengma (*Cimicifugae Rhizoma*) and Fangfeng (*Saposhnikoviae Radix*).

Medication suggestion: Take one dose decocted with water twice (in the morning and evening) per day. Seventeen experts (65.3%) recommended taking it after breakfast and dinner.

Notes: A total of three RCTs were included, with test group patients administered Shenling Baizhu powder in combination with mesalazine orally and control group administered mesalazine orally. The results showed that the Shenling Baizhu powder combined with mesalazine treatment could improve the total clinical effective rate ($n = 266$, RR = 1.26, 95% CI [1.12, 1.42], $p < 0.01$, low-quality evidence), decrease the Mayo score ($n = 64$, MD = −2.78, 95% CI [−3.36, −2.20], $p < 0.01$, low-quality evidence), and decrease C-reactive protein (CRP) level ($n = 80$, MD = −8.28, 95% CI [−9.29, −7.27], $p < 0.01$, low-quality evidence) in UC patients with spleen deficiency and dampness accumulation syndrome. No adverse reactions were reported (Dan, 2020; Jiwen, 2015; Xiang & Meiqing, 2020). Shenling Baizhu powder comes from the ancient TCM book *Taiping Huimin Heji Jufang*, and its evidence-based result from ancient TCM books for treating "Jiuli (久痢)" is "high-grade evidence," with an evaluation score of 40.9.

Recommendation 12: Use the Chinese patent medicine Shenling Baizhu (pill, powder, or granules) to treat UC patients with spleen deficiency and dampness accumulation syndrome (GRADE evidence level: C, recommended intensity: strong recommendation).

Ingredients: Renshen (*Ginseng Radix Et Rhizoma*), Fuling (*Poria*), roasted Baizhu (*Atractylodis Macrocephalae Rhizoma*) with bran, Shanyao (*Dioscoreae Rhizoma*), roasted Baibiandou (*Lablab Semen Album*), Lianzi (*Nelumbinis Semen*), roasted Yiyiren (*Coicis Semen*) with bran, Sharen (*Amomi Fructus*), Jiegeng (*Platycodonis Radix*), and Gancao (*Glycyrrhizae Radix Et Rhizoma*).

Notes: A total of eight RCTs were included, with test group patients administered the Chinese patent medicine Shenling Baizhu (powder or granules) combined with mesalazine orally and control group patients administered mesalazine orally. The results suggested that the Chinese patent medicine Shenling Baizhu (powder or granules) and oral mesalazine treatment could improve the total clinical effective rate in UC patients with spleen deficiency and dampness accumulation syndrome ($n = 560$, RR = 1.20, 95% CI [1.11, 1.30], $p < 0.01$, low-quality evidence). Adverse reactions reported in the trial group included nausea, abdominal distension, vomiting, headache, constipation, anorexia, and rash (Gang, 2013; Huihong et al., 2015; Jingjie & Xuejun, 2017; Kui, 2015; Qun et al., 2015; Taomei et al., 2018; Weizhen & Weifeng, 2019; Xiao, 2018; Xuemei, 2016).

3.3.4 | Syndrome of intermingled heat and cold

Recommendation 13: Use Wumei pill (addition and subtraction treatment) to treat UC patients with the syndrome of intermingled heat and cold (GRADE evidence level: C, ancient TCM books evidence level: medium, recommended intensity: strong recommendation).

Ingredients: Wumei (*Mume Fructus*), Shujiao (*Sichuan Zanthoxyli Pericarpium*), Xixin (*Asari Radix Et Rhizoma*), Huanglian (*Coptidis Rhizoma*), Huangbo (*Phellodendri Chinensis Cortex*), Fuzi (*Aconiti Lateralis Radix Praeparata*), Ganjiang (*Zingiberis Rhizoma*), Guizhi (*Cinnamomi Ramulus*), Renshen (*Ginseng Radix Et Rhizoma*), and Danggui (*Angelicae Sinensis Radix*).

Addition and subtraction: For sloppy diarrhea, add Zhuling (*Polyporus*) and Zexie (*Alismatis Rhizoma*); for recurrent diarrhea and obvious anal burning, add Chunpi (*Ailanthi Cortex*).

Medication suggestion: Take one dose decocted with water twice (in the morning and evening) per day. Twenty experts (76.9%) recommended taking it after breakfast and dinner.

Notes: A meta-analysis showed that test group patients in eight studies were administrated Wumei pill (addition and subtraction treatment) orally and control group patients were given sulfasalazine orally.

The results suggested that the total clinical effective rate of Wumei pill (addition and subtraction) treatment alone was higher than that of the control group treatment ($n = 781$, RR = 1.23, 95% CI [1.15, 1.32], $p < 0.01$, medium quality evidence). In 12 studies, test group patients were treated with Wumei pill (addition and subtraction treatment) in combination with Western medicine and control group patients were treated with Western medicine alone (sulfasalazine or mesalazine). The results suggested that Wumei pill (addition and subtraction) treatment in combination with Western medicine could improve the total clinical effective rate of UC patients ($n = 1093$, RR = 1.23, 95% CI [1.17, 1.30], $p < 0.01$, medium quality evidence). Adverse reactions reported in the test group included dizziness, headache, and fatigue (Na et al., 2021). Wumei Pill comes from the ancient TCM book *Treatise on Febrile Diseases*, and its evidence-based result from ancient TCM books for treating "Jiuli (久痢)" is "middle-grade evidence," with an evaluation score of 32.5 points.

Recommendation 14: Use the Chinese patent medicine Wumei pill to treat UC patients with the syndrome of intermingled heat and cold (GRADE evidence level: C, recommended intensity: strong recommendation).

Ingredients: Wumei (*Mume Fructus*), Hua Jiao (*Zanthoxyli Pericarpium*), Xixin (*Asari Radix Et Rhizoma*), Huanglian (*Coptidis Rhizoma*), Huangbo (*Phellodendri Chinensis Cortex*), Ganjiang (*Zingiberis Rhizoma*), processed Fuzi (*Aconiti Lateralis Radix Praeparata*), Guizhi (*Cinnamomi Ramulus*), Renshen (*Ginseng Radix Et Rhizoma*), and Danggui (*Angelicae Sinensis Radix*).

Notes: A total of one RCT was included, with test group patients administered the Chinese patent medicine Wumei pill and mesalazine and control group patients administered mesalazine orally. The results suggested that the Chinese patent medicine Wumei pill and mesalazine treatment could improve the total clinical effective rate of UC patients with the syndrome of intermingled heat and cold ($n = 71$, RR = 1.18, 95% CI [1.00, 1.39], $p < 0.01$, low-quality evidence) and reduce TCM syndrome score ($n = 71$, MD = −4.22, 95% CI [−4.83, −3.61], $p < 0.01$, low-quality evidence). No adverse reactions were reported (Keya et al., 2020).

3.3.5 | Syndrome of stagnation of liver Qi and spleen deficiency

Recommendation 15: Use Tongxieyaofang decoction in combination with Sini powder to treat UC patients with the syndrome of stagnation of liver Qi and spleen deficiency (GRADE evidence grade: C, ancient TCM books evidence grade: medium, recommended intensity: strong recommendation).

Ingredients: Baizhu (*Atractylodis Macrocephalae Rhizoma*), Baishao (*Paeoniae Radix Alba*), Chenpi (*Citri Reticulatae Pericarpium*), Fangfeng (*Saposhnikoviae Radix*), Zhishi (*Aurantii Fructus Immaturus*), Chaihu (*Bupleuri Radix*), and Gancao (*Glycyrrhizae Radix Et Rhizoma*).

Addition and subtraction: For patients with emotional instability, add Yujin (*Curcumae Radix*) and Hehuanhua (*Albiziae Flos*); for obvious abdominal distension, add Muxiang (*Aucklandiae Radix*) and Wuyao (*Linderae Radix*).

Medication suggestion: Take one dose decocted with water twice (in the morning and evening) per day. Seventeen experts (65.3%) recommended taking it after breakfast and dinner.

Notes: A total of two RCTs were included, with test group patients administered Tongxieyaofang decoction and Sini powder in combination with Western medicine and control group patients administered Western medicine orally (mesalazine or sulfasalazine). The results suggested that Tongxieyaofang decoction and Sini powder in combination with Western medicine can improve the total clinical effective rate in UC patients with the syndrome of stagnation of liver Qi and spleen deficiency ($n = 194$, RR = 1.21, 95% CI [1.05, 1.40], $p = 0.01$, low-quality evidence). Moreover, the TCM syndrome score ($n = 84$, MD = −3.32, 95% CI [−4.04, −2.60], $p < 0.01$, low-quality evidence), Hamilton Anxiety Scale score ($n = 84$, MD = −2.92, 95% CI [−3.74, −2.10], $p < 0.01$, low-quality evidence), and Hamilton Depression Scale score ($n = 84$, MD = −3.23, 95% CI [−3.86, −2.60], $p < 0.01$, low-quality evidence) in the test group were all better than those in the control group. Adverse reactions reported in the test group included stomach discomfort, dizziness, and nausea (Rumao & Kaisheng, 2008; Yunbo et al., 2022). Tongxieyaofang decoction and Sini powder come from the ancient TCM books *Danxi's Experiential Therapy* and *Treatise on Febrile Diseases* respectively, and their evidence-based results from ancient TCM books for treating "Jiuli (久痢)" is "medium-grade evidence" for both, with evaluation scores of 33.15 and 32.5, respectively.

3.3.6 | Syndrome of Yang deficiency of spleen and kidney

Recommendation 16: Use Fuzi Lizhong pill and Sishen pill (addition and subtraction treatment) to treat UC patients with the syndrome of Yang deficiency of spleen and kidney (GRADE evidence level: C, Chinese medicine ancient books evidence level: medium, recommended intensity: strong recommendation).

Ingredients: Fuzi (*Aconiti Lateralis Radix Praeparata*), Buguzhi (*Psoraleae Fructus*), Roudoukou (*Myristicae Semen*), Renshen (*Ginseng Radix Et Rhizoma*), Wuzhuyu (*Euodiae Fructus*), Wuweizi (*Schisandrae Chinensis Fructus*), Ganjiang (*Zingiberis Rhizoma*), Baizhu (*Atractylodis Macrocephalae Rhizoma*), and Gancao (*Glycyrrhizae Radix Et Rhizoma*).

Addition and subtraction: For uncontrollable defecation, add Hezi (*Chebulae Fructus*), Chishizhi (*Halloysitum Rubrum*), and Shengma (*Cimicifugae Rhizoma*); for cold limbs, add Rougui (*Cinnamomi Cortex*).

Medication suggestion: Take one dose decocted with water twice (in the morning and evening) per day. Twenty-one experts (80.8%) recommended taking it after breakfast and dinner.

Notes: A total of one RCT was included, with test group patients administered Fuzi Lizhong decoction and Sishen pill and control group patients administered sulfasalazine orally. The results suggested that the clinical total effective rate of Fuzi Lizhong decoction and Sishen pill was equivalent to that of sulfasalazine treatment in treating UC

patients with the syndrome of Yang deficiency of spleen and kidney ($n = 50$, RR = 1.14, 95% CI [0.95, 1.38], $p = 0.17$, low-quality evidence) and in reducing erythrocyte sedimentation rate (ESR) ($n = 50$, MD = −3.04, 95% CI [−7.07, 0.99], $p = 0.14$, low-quality evidence). Moreover, the TCM treatment was superior in reducing CRP level ($n = 50$, MD = −5.33, 95% CI [−9.94, −0.72], $p = 0.02$, low-quality evidence). No obvious adverse reactions were observed in the test group (Jiye & Fenglin, 2016). Fuzi Lizhong pill and Sishen pill come from the ancient TCM books *Taiping Huimin Heji Ju Fang* and *Standards of Diagnosis and Treatment*, and their evidence-based results from ancient TCM books for treating "Jiuli (久痢)" were "medium-grade evidence" and "high-grade evidence" with evaluation scores of 33.9 and 35.3, respectively.

Recommendation 17: Use the Chinese patent medicine Guben Yichang tablet to treat UC patients with the syndrome of Yang deficiency of the spleen and kidney (GRADE evidence level: C, recommended intensity: weak recommendation).

Ingredients: Dangshen (*Codonopsis Radix*), roasted Baizhu (*Atractylodis Macrocephalae Rhizoma*), Buguzhi (*Psoraleae Fructus*), roasted Shanyao (*Dioscoreae Rhizoma*) with bran, Huangqi (*Astragali Radix*), Paojiang (*Zingiberis Rhizoma Praeparatum*), Wine-processed Danggui (*Angelicae Sinensis Radix*), Roasted Baishao (*Paeoniae Radix Alba*), vinegar-processed Yanhusuo (*Corydalis Rhizoma*), roasted Muxiang (*Aucklandiae Radix*), Di Yu Tan (carbonized *Sanguisorba Root*), calcined Chishizhi (*Halloysitum Rubrum*), Ercha (*Catechu*), and Zhigancao (*Glycyrrhizae Radix Et Rhizoma Praeparata* Cum *Melle*).

Notes: A total of one RCT was included, with test group patients administered Guben Yichang tablets and sulfasalazine and control group patients administered sulfasalazine orally. The results suggested that Guben Yichang tablet and sulfasalazine treatment could improve the total clinical effective rate ($n = 194$, RR = 1.25, 95% CI [1.10, 1.42], $p < 0.01$, low-quality evidence). No obvious adverse reactions were observed in the test group (Xin, 2018).

Recommendation 18: Use the Chinese patent medicine Bupi Yichang pill to treat UC patients with the syndrome of Yang deficiency of the spleen and kidney (GRADE evidence level: C, recommended intensity: weak recommendation).

Ingredients: Huangqi (*Astragali Radix*), Dangshen (*Codonopsis Radix*) roasted with rice, Sharen (*Amomi Fructus*), Baishao (*Paeoniae Radix Alba*), Danggui (*Angelicae Sinensis Radix*) roasted with furnace soil, Baizhu (*Atractylodis Macrocephalae Rhizoma*) roasted with furnace soil, Rougui (*Cinnamomi Cortex*), vinegar-processed Yanhusuo (*Corydalis Rhizoma*), Lizhihe (*Litchi Semen*), Paojiang (*Zingiberis Rhizoma Praeparatum*), Zhigancao (*Glycyrrhizae Radix Et Rhizoma Praeparata* Cum *Melle*), Fangfeng (*Saposhnikoviae Radix*), Muxiang (*Aucklandiae Radix*), salt-processed Buguzhi (*Psoraleae Fructus*), and calcined Chishizhi (*Halloysitum Rubrum*).

Notes: A meta-analysis showed that test group patients in five studies were given Bupi Yichang pill in combination with Western medicine and control group patients were administered Western medicine (mesalazine or sulfasalazine orally). The results suggested that Bupi Yichang pill and Western medicine treatment could improve the total clinical effective rate ($n = 582$, RR = 1. 18, 95% CI [1.11, 1.27], $p < 0.01$, low-quality evidence). Adverse reactions reported in the test group included upper abdominal discomfort, nausea, dizziness, loss of appetite, and fatigue (Xiaoxiao et al., 2022).

Recommendation 19: Use the Chinese patent medicine Shenbei Guchang capsule to treat UC patients with the syndrome of Yang deficiency of the spleen and kidney (GPS).

Ingredients: Wubeizi (*Galla Chinensis*), roasted Roudoukou (*Myristicae Semen*), roasted Hezi (*Chebulae Fructus*), Wumei (*Mume Fructus*), Muxiang (*Aucklandiae Radix*), Cangzhu (*Atractylodis Rhizoma*), Fuling (*Poria*), Lujiaoshuang (*Cervi Cornu Degelatinatum*), and Hongshen (*Ginseng Radix Et Rhizoma Rubra*).

Notes: No relevant RCT was retrieved.

3.3.7 | Syndrome of Yin-blood depletion

Recommendation 20: Use Zhu Che pill and Siwu decoction to treat UC patients with the syndrome of Yin-blood depletion (GPS).

Ingredients: Huanglian (*Coptidis Rhizoma*), Danggui (*Angelicae Sinensis Radix*), Ejiao (*Asini Corii Colla*), Baishao (*Paeoniae Radix Alba*), Shudihuang (*Rehmanniae Radix Praeparata*), Chuanxiong (*Chuanxiong Rhizoma*), and Ganjiang (*Zingiberis Rhizoma*).

Addition and subtraction: For abdominal burning pain, add Shashen (*Adenophorae Radix*) and Maidong (*Ophiopogonis Radix*); for deficient and dysphoric insomnia, add Baihe (*Lilii Bulbus*) and Jizihuang (hen egg yolk).

Medication suggestion: Take one dose decocted with water twice per day (in the morning and evening). Eighteen experts (69.2%) recommended taking it after breakfast and dinner.

Notes: Zhu Che pill and Siwu decoction come from the ancient books *Essential Recipes for Emergent Use Worth a Thousand Gold* and *Taiping Huimin Heji Ju Fang*, respectively. Their evidence-based results from ancient TCM books for treating "Jiuli (久痢)" are "medium-grade evidence" for both, and the evaluation scores are 26.2 points and 30.4 points, respectively. No relevant RCT was retrieved.

3.3.8 | Syndrome of stasis resistance in intestinal collaterals

Recommendation 21: Use Shaofu Zhuyu decoction to treat UC patients with the syndrome of stasis resistance in intestinal collaterals (GPS).

Ingredients: Puhuang (*Typhae* pollen), Wulingzhi (*Trogopterus* dung), Chuanxiong (*Chuanxiong Rhizoma*), Danggui (*Angelicae Sinensis Radix*), Yanhusuo (*Corydalis Rhizoma*), Chishao (*Paeoniae Radix Rubra*), Moyao (*Myrrha*), Xiaohuixiang (*Foeniculi Fructus*), Ganjiang (*Zingiberis Rhizoma*), and Rougui (*Cinnamomi Cortex*).

Addition and subtraction: for abdominal stabbing pain, add Jiuxiangchong (*Aspongopus*) and Wuyao (*Linderae Radix*).

TABLE 6 Treatment of ulcerative colitis using oral traditional Chinese medicine (TCM) preparations.

Recommendation number	Basic syndrome type	Recommended treatment	Ingredients	Evidence level & recommended intensity
5	Syndrome of dampness-heat in the large intestine	Shaoyao decoction (addition and subtraction treatment)	Huangqin (*Scutellaria Radix*), Huanglian (*Coptidis Rhizoma*), Shaoyao (*Chinese herbaceous peony*), Danggui (*Angelicae Sinensis Radix*), Muxiang (*Aucklandiae Radix*), Binglang (*Arecae Semen*), Dahuang (*Rhei Radix Et Rhizoma*), Rougui (*Cinnamomi Cortex*), and Gancao (*Glycyrrhizae Radix Et Rhizoma*)	GRADE evidence level: C, ancient TCM book evidence level: high, recommended intensity: strong recommendation
6		Chinese patent medicine Hudi Changrong capsules	Zhu Sha Qi (*Polygonum Cillinerve (Nakai) Ohwi*), Huzhang (*Polygoni Cuspidati Rhizoma Et Radix*), Di Yu Tan (*carbonized Sanguisorba Root*), Bei Bai Jiang (*Patrinia scaniosaefolia*), Baihuasheshecao (*Oldenlandia diffusa*), Er Se Bu Xue Cao (*Limonium Bicolor*), Baiji (*Bletillae Rhizoma*), and Gancao (*Glycyrrhizae Radix Et Rhizoma*)	GRADE evidence level: C, recommended intensity: strong recommendation
7		Chinese patent medicine Wuwei Kushen Changrong capsules	Kushen (*Sophorae Flavescentis Radix*), Diyu (*Sanguisorbae Radix*), Qingdai (*Indigo Naturalis*), Baiji (*Bletillae Rhizoma*), and Gancao (*Glycyrrhizae Radix Et Rhizoma*)	GRADE evidence grade: C, recommended intensity: strong recommendation
8		Chinese patent medicine Gegen Qinlian (in the form of tablets, capsules, granules, or oral liquid)	Gegen (*Puerariae Lobatae Radix*), Huangqin (*Scutellariae Radix*), Huanglian (*Coptidis Rhizoma*), and Zhigancao (*Glycyrrhizae Radix Et Rhizoma Praeparata* Cum *Melle*)	GPS
9	Syndrome of fire toxicity	Baitouweng decoction	Baitouweng (*Pulsatillae Radix*), Huangbo (*Phellodendri Chinensis Cortex*), Huanglian (*Coptidis Rhizoma*), and Qinpi (*Fraxini Cortex*)	GRADE evidence level: C, ancient TCM books evidence level: high, recommended intensity: strong recommendation
10		Chinese patent medicine Baipuhuang tablets	Baitouweng (*Pulsatillae Radix*), Pugongying (*Taraxaci Herba*), Huangqin (*Scutellaria Radix*), and Huangbo (*Phellodendri Chinensis Cortex*).	GPS
11	Syndrome of spleen deficiency and dampness accumulation	Shenling Baizhu powder	Renshen (*Ginseng Radix Et Rhizoma*), Baizhu (*Atractylodis Macrocephalae Rhizoma*), Fuling (*Poria*), Shanyao (*Dioscoreae Rhizoma*), Lianzi (*Nelumbinis Semen*), Baibiandou (*Lablab Semen Album*), Yiyiren (*Coicis Semen*), Sharen (*Amomi Fructus*), Jiegeng (*Platycodonis Radix*), and Gancao (*Glycyrrhizae Radix Et Rhizoma*)	GRADE evidence level: C, ancient TCM books evidence level: high, recommended intensity: strong recommendation
12		Chinese patent medicine Shenling Baizhu (pill, powder, or granules)	Renshen (*Ginseng Radix Et Rhizoma*), Fuling (*Poria*), roasted Baizhu (*Atractylodis Macrocephalae Rhizoma*) with bran, Shanyao (*Dioscoreae Rhizoma*), roasted Baibiandou (*Lablab Semen Album*), Lianzi (*Nelumbinis Semen*), roasted Yiyiren (*Coicis Semen*) with bran, Sharen (*Amomi Fructus*), Jiegeng (*Platycodonis Radix*), and Gancao (*Glycyrrhizae Radix Et Rhizoma*).	GRADE evidence level: C, recommended intensity: strong recommendation
13	Syndrome of intermingled heat and cold	Wumei pill (addition and subtraction treatment)	Wumei (Mume Fructus), Shujiao (Sichuan Zanthoxyli Pericarpium), Xixin (Asari Radix Et Rhizoma), Huanglian (Coptidis Rhizoma), Huangbo (Phellodendri Chinensis Cortex), Fuzi (Aconiti Lateralis Radix Praeparata), Ganjiang (Zingiberis Rhizoma), Guizhi (Cinnamomi Ramulus), Renshen (Ginseng Radix Et Rhizoma), and Danggui (Angelicae Sinensis Radix)	GRADE evidence level: C, ancient TCM books evidence level: medium, recommended intensity: strong recommendation

(Continues)

TABLE 6 (Continued)

Recommendation number	Basic syndrome type	Recommended treatment	Ingredients	Evidence level & recommended intensity
14		Chinese patent medicine Wumei pill	Wumei (*Mume Fructus*), Hua Jiao (*Zanthoxyli Pericarpium*), Xixin (*Asari Radix Et Rhizoma*), Huanglian (*Coptidis Rhizoma*), Huangbo (*Phellodendri Chinensis Cortex*), Ganjiang (*Zingiberis Rhizoma*), processed Fuzi (*Aconiti Lateralis Radix Praeparata*), Guizhi (*Cinnamomi Ramulus*), Renshen (*Ginseng Radix Et Rhizoma*), and Danggui (*Angelicae Sinensis Radix*)	GRADE evidence level: C, recommended intensity: strong recommendation
15	Syndrome of stagnation of liver Qi and spleen deficiency	Tongxieyaofang decoction in combination with Sini powder (addition and subtraction treatment)	Baizhu (*Atractylodis Macrocephalae Rhizoma*), Baishao (*Paeoniae Radix Alba*), Chenpi (*Citri Reticulatae Pericarpium*), Fangfeng (*Saposhnikoviae Radix*), Zhishi (*Aurantii Fructus Immaturus*), Chaihu (*Bupleuri Radix*), and Gancao (*Glycyrrhizae Radix Et Rhizoma*)	GRADE evidence grade: C, ancient TCM books evidence grade: medium, recommended intensity: strong recommendation
16	Syndrome of yang deficiency of spleen and kidney	Fuzi Lizhong pill and Sishen pill (addition and subtraction treatment)	Fuzi (*Aconiti Lateralis Radix Praeparata*), Buguzhi (*Psoraleae Fructus*), Roudoukou (*Myristicae Semen*), Renshen (*Ginseng Radix Et Rhizoma*), Wuzhuyu (*Euodiae Fructus*), Wuweizi (*Schisandrae Chinensis Fructus*), Ganjiang (*Zingiberis Rhizoma*), Baizhu (*Atractylodis Macrocephalae Rhizoma*), and Gancao (*Glycyrrhizae Radix Et Rhizoma*)	GRADE evidence level: C, ancient TCM books evidence grade: medium, recommended intensity: strong recommendation
17		Chinese patent medicine Guben Yichang tablet	Dangshen (*Codonopsis Radix*), roasted Baizhu (*Atractylodis Macrocephalae Rhizoma*), Buguzhi (*Psoraleae Fructus*), roasted Shanyao (*Dioscoreae Rhizoma*) with bran, Huangqi (*Astragali Radix*), Paojiang (*Zingiberis Rhizoma Praeparatum*), Wine-processed Danggui (*Angelicae Sinensis Radix*), Roasted Baishao (*Paeoniae Radix Alba*), vinegar-processed Yanhusuo (*Corydalis Rhizoma*), roasted Muxiang (*Aucklandiae Radix*), Di Yu Tan (carbonized *Sanguisorba Root*), calcined Chishizhi (*Halloysitum Rubrum*), Ercha (*Catechu*), and Zhigancao (*Glycyrrhizae Radix Et Rhizoma Praeparata* Cum *Melle*)	GRADE evidence level: C, recommended intensity: weak recommendation
18		Chinese patent medicine Bupi Yichang pill	Huangqi (*Astragali Radix*), Dangshen (*Codonopsis Radix*) roasted with rice, Sharen (*Amomi Fructus*), Baishao (*Paeoniae Radix Alba*), Danggui (*Angelicae Sinensis Radix*) roasted with furnace soil, Baizhu (*Atractylodis Macrocephalae Rhizoma*) roasted with furnace soil, Rougui (*Cinnamomi Cortex*), vinegar-processed Yanhusuo (*Corydalis Rhizoma*), Lizhihe (*Litchi Semen*), Paojiang (*Zingiberis Rhizoma Praeparatum*), Zhigancao (*Glycyrrhizae Radix Et Rhizoma Praeparata* Cum *Melle*), Fangfeng (*Saposhnikoviae Radix*), Muxiang (*Aucklandiae Radix*), salt-processed Buguzhi (*Psoraleae Fructus*), and calcined Chishizhi (*Halloysitum Rubrum*)	GRADE evidence level: C, recommended intensity: weak recommendation
19		Chinese patent medicine Shenbei Guchang capsule	Wubeizi (*Galla Chinensis*), roasted Roudoukou (*Myristicae Semen*), roasted Hezi (*Chebulae Fructus*), Wumei (*Mume Fructus*), Muxiang (*Aucklandiae Radix*), Cangzhu (*Atractylodis Rhizoma*), Fuling (*Poria*), Lujiaoshuang (*Cervi Cornu Degelatinatum*), and Hongshen (*Ginseng Radix Et Rhizoma Rubra*)	GPS

TABLE 6 (Continued)

Recommendation number	Basic syndrome type	Recommended treatment	Ingredients	Evidence level & recommended intensity
20	Syndrome of Yin-blood depletion	Zhu Che pill and Siwu decoction (addition and subtraction treatment)	Huanglian (*Coptidis Rhizoma*), Danggui (*Angelicae Sinensis Radix*), Ejiao (*Asini Corii Colla*), Baishao (*Paeoniae Radix Alba*), Shudihuang (*Rehmanniae Radix Praeparata*), Chuanxiong (*Chuanxiong Rhizoma*), and Ganjiang (*Zingiberis Rhizoma*)	GPS
21	Syndrome of stasis resistance in intestinal collaterals	Shaofu Zhuyu decoction (addition and subtraction treatment)	Puhuang (*Typhae* pollen), Wulingzhi (*Trogopterus* dung), Chuanxiong (*Chuanxiong Rhizoma*), Danggui (*Angelicae Sinensis Radix*), Yanhusuo (*Corydalis Rhizoma*), Chishao (*Paeoniae Radix Rubra*), Moyao (*Myrrha*), Xiaohuixiang (*Foeniculi Fructus*), Ganjiang (*Zingiberis Rhizoma*), and Rougui (*Cinnamomi Cortex*)	GPS

Abbreviations: GPS, good practice statement; GRADE, Grading of Recommendations Assessment, Development, and Evaluation.

Medication suggestion: Take one dose decocted with water twice per day (in the morning and evening). Twenty-one experts (80.8%) recommended taking it after breakfast and dinner.

Notes: Shaofu Zhuyu decoction comes from the ancient book *Corrections on the Errors of Medical Works*. Its evidence-based result from ancient TCM books for treating "Jiuli (久痢)" is "low-level evidence," and the evaluation score is 15.7 points. No relevant RCT was retrieved.

A summary of recommendation 5–21 can be found in the Table 6.

3.4 | TCM enema treatment for UC

Recommendation 22: Use Gegen Qinlian decoction (addition and subtraction treatment) as an enema for the adjuvant treatment of UC patients with the syndrome of dampness-heat in the large intestine (GRADE evidence grade: C, recommended intensity: strong recommendation).

Ingredients: Gegen (*Puerariae Lobatae Radix*), Huangqin (*Scutellaria Radix*), Huanglian (*Coptidis Rhizoma*), and Gancao (*Glycyrrhizae Radix Et Rhizoma*).

Notes: A total of two RCTs were included, with the test group patients administered Gegen Qinlian decoction as an enema and the control group patients administered sulfasalazine orally. The results suggested that the total clinical effective rate of Gegen Qinlian decoction as enema was better than that of the control group treatment ($n = 180$, RR = 1.22, 95% CI [1.05, 1.41], $p < 0.01$, low-quality evidence). No adverse reactions were observed in the test group (Cuili et al., 2012; Zhimin & Fangfang, 2014).

Recommendation 23: Use Baitouweng decoction (addition and subtraction treatment) as an enema for adjuvant treatment of UC patients with the syndrome of fire toxicity (GRADE evidence level: C, recommended intensity: strong recommendation).

Ingredients: Baitouweng (*Pulsatillae Radix*), Huangbo (*Phellodendri Chinensis Cortex*), Huanglian (*Coptidis Rhizoma*), and Qinpi (*Fraxini Cortex*).

Notes: A total of one RCT was included, with the test group patients administered Baitouweng decoction (addition and subtraction treatment) as an enema and control group patients administered mesalazine as an enema. The results indicated that the total clinical effective rate of Baitouweng Decoction as an enema was better than that of the control group treatment ($n = 102$, RR = 1.22, 95% CI [1.01, 1.47], $p = 0.04$, low-quality evidence). No adverse reactions were observed in the experimental group (Xiuping et al., 2021).

Recommendation 24: For the adjuvant treatment of UC, using Chinese medicinal materials as enema, including heat-clearing and dampness-eliminating medicinal materials like Huangbo (*Phellodendri Chinensis Cortex*), Huanglian (*Coptidis Rhizoma*), Kushen (*Sophorae Flavescentis Radix*), and Qinpi (*Fraxini Cortex*); heat-clearing and detoxifying medicinal materials like Baitouweng (*Pulsatillae Radix*), Machixian (*Portulacae Herba*), Qingdai (*Indigo Naturalis*), Yejuhua (*Chrysanthemi Indici Flos*), Baihuasheshecao (*Oldenlandia diffusa*), and Baijiangcao (*Patrinia scaniosaefolia*); medicinal materials that can cool blood for hemostasis like Diyu (*Sanguisorbae Radix*), Huaihua (*Sophorae Flos*), Zicao (*Arnebiae Radix*), Dahuangtan (*Rhubarb* charcoal), and Cebaiye (*Platycladi Cacumen*); medicinal materials with astringency and hemostasis properties like Oujietan (*Nodus Nelumbinis Rhizomatis* charcoal), Xueyutan (*Crinis Carbonisatus*), and Zonglütan (*Crinis Trachycarpi*); medicinal materials that can astringe sores and promote granulation like Baiji (*Bletillae Rhizoma*), Sanqi (*Notoginseng Radix Et Rhizoma*), Xuejie (*Draconis Sanguis*), Ercha (*Catechu*), and Luganshi (*Calamina*); medicinal materials that have astringency and mucosa protection properties like Hezi (*Chebulae Fructus*), Chishizhi (*Halloysitum Rubrum*), Shiliupi (*Granati Pericarpium*), Wubeizi (*Galla Chinensis*), Wumei (*Mume Fructus*), and Kufan (calcined *Alumen*); and medicinal materials that can strengthen the spleen and warm the kidney like Huangqi (*Astragali Radix*), Dangshen (*Codonopsis Radix*), and Rougui (*Cinnamomi Cortex*).

For clinical use, the doctor could adjust the prescription with one medicinal material as the core enema and match it with other 4–8 medicinal materials (GPS).

Notes

1. Prescription for enema with heat-clearing and dampness-eliminating Chinese medicinal materials: A total of two RCTs were included, with the test group patients administered heat-clearing and dampness-eliminating Chinese medicinal materials as an enema and the control group patients administered Western medicine (mesalazine orally or mesalazine suppository for external use). The results showed that taking heat-clearing and dampness-eliminating Chinese medicinal materials as enema was better than control group treatments with regard to several endpoints, including the total efficacy rate ($n = 110$, RR = 1.27, 95% CI [1.07, 1.52], $p = 0.007$, low-quality evidence), disease activity index (DAI) index at 4 weeks of treatment ($n = 60$, MD = −1.20, 95% CI [−1.95, −0.45], $p < 0.05$, low-quality evidence), DAI index at 8 weeks of treatment ($n = 60$, MD = −1.33, 95% CI [−2.25, −0.41], $p < 0.05$, low-quality evidence), IBDQ scores for intestinal symptoms ($n = 60$, MD = 7.23, 95% CI [3.93, 10.53], $p < 0.05$, low-quality evidence) and emotional ability ($n = 60$, MD = 5.30, 95% CI [1.96, 8.64], $p < 0.05$, low-quality evidence), serum TNF-α level (MD = −35.20, 95% CI [−43.80, −26.60], $p < 0.05$, low-quality evidence), and serum IL-6 level (MD = −37.80, 95% CI [−43.67, −31.93], $p < 0.05$, low-quality evidence). Adverse reactions in the test group included nausea, abdominal pain, and increased bowel movements (Ming et al., 2019; Renzhong & Jun, 2017).
2. Prescription for enema with heat-clearing and detoxicating Chinese medicinal materials: A total of one RCT was included, with the test group patients administered enema of heat-clearing and detoxicating herbs, and the control group patients administered a sulfasalazine suppository for external use. The results suggested that the total clinical effective rate of heat-clearing and detoxicating Chinese medicinal materials as enema was better than that of the control group treatment ($n = 200$, RR = 1.34, 95% CI [1.19, 1.52], $p < 0.01$, low-quality evidence). No adverse reactions were reported in the experimental group (Shuzi & Zhengwang, 2016).
3. Prescription for enema with Chinese medicinal materials featuring astringency and mucosa protection: A total of one RCT was included, with the test group patients administered enema with Chinese medicinal materials with astringency and mucosa protection properties and the control group administered sulfasalazine orally. The results suggested that the total clinical effective rate of enema with Chinese medicinal materials with astringency and mucosa protection properties was equivalent to that oral sulfasalazine treatment ($n = 58$, RR = 1.18, 95% CI [0.98, 1.42], $p = 0.08$, low-quality evidence). No adverse reactions were reported in the test group (Jingwei, 2010).
4. Prescription for enema with spleen strengthening and kidney warming Chinese medicinal materials: a total of one RCT was included, with the test group patients administered herbal enemas for strengthening the spleen and warming the kidneys in combination with oral mesalazine and the control group patients administered sulfasalazine suppositories for external use in combination with oral mesalazine. The results suggested that the remission rate (DAI index <2) at 4 weeks of treatment in the test group was equivalent to that in the control group ($n = 72$, RR = 1.42, 95% CI [0.87, 2.32], $p = 0.39$, low-quality evidence), and improvement in diarrheal symptoms was better than in the control group ($n = 69$, RR = 1.23, 95% CI [1.03, 1.49], $p = 0.03$, low-quality evidence). No adverse effects were reported in the test group (Jing et al., 2018).
5. TCM oral administration combined with enema in two steps according to the stage of disease showed some therapeutic advantages, but the results need to be verified by strict RCTs (Tao et al., 2012).

Recommendation 25: Use Xilei San as an enema for the adjuvant treatment of UC patients (GRADE evidence level: C, recommended intensity: weak recommendation).

Notes: According to a meta-analysis, test group patients in 12 studies were administered Xilei San as an enema and control group patients were treated with Western medicine orally (mesalazine or sulfasalazine). The results suggested that using Xilei San enema as an adjuvant treatment for UC could improve the total clinical effective rate ($n = 948$, RR = 1.20, 95% CI [1.15, 1.26], $p < 0.01$, low-quality evidence), reduce the recurrence rate ($n = 147$, RR = 0.34, 95% CI [0.18, 0.66], $p < 0.01$, low-quality evidence), and improve the DAI index ($n = 185$, MD = −0.32, 95% CI [−0.45, −0.20], $p < 0.01$, low-quality evidence). Adverse reactions in the test groups included mild nausea and vomiting (Ping et al., 2022).

Recommendation 26: Use Kang Fu Xin Ye as an enema for the adjuvant treatment of UC patients (GRADE evidence level: C, recommended intensity: weak recommendation).

Notes: According to a meta-analysis, test group patients in six studies were administered Kang Fu Xin Ye as an enema, while the control group patients were administered Western medicine (mesalazine orally or as an enema or sulfasalazine orally or as an enema). The results suggested that the total clinical efficacy of Kang Fu Xin Ye as an enema was better than that of the control treatments ($n = 523$, RR = 1.38, 95% CI: [1.17, 1.40], $p < 0.01$, low-quality evidence). The adverse reactions in the experimental group included nausea and vomiting (Jiali et al., 2019).

A summary of recommendation 22–26 can be found in Table 7.

3.5 | TCM treatment operation of UC

3.5.1 | TCM enteroclysis (anal colon drip)

Recommendation 27: Patients with different states of illness (including mild, moderate, and severe) and extent of disease (including the rectum, left colon, and extensive colon) can receive adjuvant therapy with TCM decoction as an enema (anal colon drip) (GPS).

Recommendation 28: Temperature, dosage, time of administration, body position, and retention time of decoction shall be taken as

TABLE 7 Traditional Chinese medicine enema treatment for ulcerative colitis (UC).

Recommendation number	Basic syndrome type	Recommended treatment	Ingredients	Evidence level & recommended intensity
22	Syndrome of dampness-heat in the large intestine	Gegen Qinlian decoction (addition and subtraction treatment)	Gegen (*Puerariae Lobatae Radix*), Huangqin (*Scutellaria Radix*), Huanglian (*Coptidis Rhizoma*), and Gancao (*Glycyrrhizae Radix Et Rhizoma*).	GRADE evidence grade: C, recommended intensity: strong recommendation
23	Syndrome of fire toxicity	Baitouweng decoction (addition and subtraction treatment)	Baitouweng (*Pulsatillae Radix*), Huangbo (*Phellodendri Chinensis Cortex*), Huanglian (*Coptidis Rhizoma*), and Qinpi (*Fraxini Cortex*).	GRADE evidence level: C, recommended intensity: strong recommendation
24	For clinical use, the doctor could adjust the prescription with one medicinal material as the core enema and match it with other 4–8 medicinal materials	For the adjuvant treatment of UC, using Chinese medicinal materials as enema, including: 1. Heat-clearing and dampness-eliminating medicinal materials like Huangbo (*Phellodendri Chinensis Cortex*), Huanglian (*Coptidis Rhizoma*), Kushen (*Sophorae Flavescentis Radix*), and Qinpi (*Fraxini Cortex*) 2. Heat-clearing and detoxifying medicinal materials like Baitouweng (*Pulsatillae Radix*), Machixian (*Portulacae Herba*), Qingdai (*Indigo Naturalis*), Yejuhua (*Chrysanthemi Indici Flos*), Baihuasheshecao (*Oldenlandia diffusa*), and Baijiangcao (*Patrinia scaniosaefolia*) 3. Medicinal materials that can cool blood for hemostasis like Diyu (*Sanguisorbae Radix*), Huaihua (*Sophorae Flos*), Zicao (*Arnebiae Radix*), Dahuangtan (*Rhubarb* charcoal), and Cebaiye (*Platycladi Cacumen*) 4. Medicinal materials with astringency and hemostasis properties like Oujietan (*Nodus Nelumbinis Rhizomatis* charcoal), Xueyutan (*Crinis Carbonisatus*), and Zonglütan (*Crinis Trachycarpi*) 5. Medicinal materials that can astringe sores and promote granulation like Baiji (*Bletillae Rhizoma*), Sanqi (*Notoginseng Radix Et Rhizoma*), Xuejie (*Draconis Sanguis*), Ercha (*Catechu*), and Luganshi (*Calamine*) 6. Medicinal materials that have astringency and mucosa protection properties like Hezi (*Chebulae Fructus*), Chishizhi (*Halloysitum Rubrum*), Shiliupi (*Granati Pericarpium*), Wubeizi (*Galla Chinensis*), Wumei (*Mume Fructus*), and Kufan (calcined *Alumen*)	N/A	Good practice statement

(Continues)

TABLE 7 (Continued)

Recommendation number	Basic syndrome type	Recommended treatment	Ingredients	Evidence level & recommended intensity
		7. Medicinal materials that can strengthen the spleen and warm the kidney like Huangqi (*Astragali Radix*), Dangshen (*Codonopsis Radix*), and Rougui (*Cinnamomi Cortex*)		
25	N/A	Chinese patent medicine Xilei San	N/A	GRADE evidence level: C, recommended intensity: weak recommendation
26	N/A	Chinese patent medicine Kang Fu Xin Ye	N/A	GRADE evidence level: C, recommended intensity: weak recommendation

Abbreviation: GRADE, Grading of Recommendations Assessment, Development, and Evaluation.

concerns when performing enteroclysis with TCM decoction (anal colon drip) (GPS).

Treatment of UC with TCM decoction as an enema (anal colon drip):

1. Temperature: should be close to the intestinal cavity temperature, generally 38–39°C.
2. Dosage: the anal drip volume is about 100–150 mL.
3. Time of administration: before bedtime.
4. Body position and administration method: guide the patient to assume the left lateral position, expose his/her buttocks, put rubber sheets and a sterile towel on the bed, and raise the buttocks by 10 cm. Insert the anal drip hose 15–20 cm into the rectum, and adjust the drip speed to 80–100 drops/min according to the patient's tolerance.
5. Retention time of decoction: withdraw the hose after dripping, gently rub the anus, and turn the patient's body in different positions. Thereafter, the patient should remain in a comfortable position, and try to retain the decoction in the body for more than 1 h.

3.5.2 | TCM acupuncture operation

Recommendation 29: All UC patients with various syndromes can receive acupuncture treatment, with acupoint selection as appropriate according to the patient's syndrome and clinical manifestations based on the main acupoints (GPS).

Acupuncture treatment:

1. Meridian selection: stomach meridian, Ren meridian, bladder meridian, spleen meridian, large intestine meridian, etc. (Huizhu et al., 2021).
2. Acupoint selection: Main acupoints: Tianshu (ST25), Zusanli (ST36), Shangjuxu (ST37), Guanyuan (CV4), Zhongwan (CV12), etc. Accompanying acupoints: For the syndrome of dampness-heat in the large intestine, add Quchi (LI11), Hegu (LI4), and Neiting (ST44) (Shanshan et al., 2019). For the syndrome of fire toxicity, add Hegu (LI4), Quchi (LI11), and Neiting (ST44) (Wen, 2020). For the syndrome of spleen deficiency and dampness accumulation, add Pishu (BL20), Qihai (CV6), and Gongsun (SP4) (Chao et al., 2015). For the syndrome of stagnation of liver Qi and spleen deficiency, add Ganshu (BL18), Taichong (LR3), Pishu (BL20), Yanglingquan (GB34), and Sanyinjiao (SP6) (Chao et al., 2015). For the syndrome of yang deficiency of the spleen and kidney, add Shenshu (BL23), Mingmen (GV4), Guanyuan (CV4), and Baihui (GV20). For the syndrome of Yin-blood depletion, add Sanyinjiao (SP6). For the syndrome of intermingled heat and cold, add Quchi (LI11), Neiting (ST44), and Mingmen (GV4). For the syndrome of stasis resistance in intestinal collaterals, add Hegu (LI4), Sanyinjiao (SP6), and Dachangshu (BL25). For obvious pus and blood in the stool, add Yinbai (SP1), Xuehai (SP10), and Shuidao (ST28). For unbearable pain, add Liangqiu (ST34). For frequent tenesmus, add Zhonglüshu (BL29) (Wen, 2020).
3. Operation mode: perform routine acupuncture at all points.
4. Needle retention time: 15–30 min.
5. Treatment frequency: once or twice a day, 14 days to 60 days per course of treatment (Wang et al., 2020).

3.5.3 | TCM moxibustion

Recommendation 30: All UC patients, except those with the syndrome of fire toxicity, can receive moxibustion treatment, including suspended moxibustion, direct moxibustion (non-scarring moxibustion), or ginger moxibustion (GPS).

Suspended moxibustion for UC.

1. Acupoint selection: Main acupoint: Tianshu (ST25). Accompanying acupoints: for the syndrome of dampness-heat in the large

intestine, add Zusanli (ST36), Quchi (LI11), and Hegu (LI4). For the syndrome of yang deficiency of the spleen and kidney, add Zusanli (ST36), Mingmen (GV4), and Guanyuan (CV4). For the syndrome of spleen deficiency and dampness accumulation, add Zusanli (ST36), Baihui (GV20), and Changqiang (GV1). For the syndrome of intermingled heat and cold, add Quchi (LI11), Mingmen (GV4), and Guanyuan (CV4). For the syndrome of stagnation of liver Qi and spleen deficiency, add Zusanli (ST36) and Shangjuxu (ST37). For the syndrome of Yin-blood depletion, add Pishu (BL20), Zusanli (ST36), and Xuehai (SP10). For the syndrome of stasis resistance in intestinal collaterals, add Shenshu (BL23), Pishu (BL20), and Dachangshu (BL25). Suspended moxibustion is not suitable for the syndrome of fire toxicity.

2. Operation: guide the patient to assume the supine or prone position. Expose the skin, perform routine disinfection, and hold the moxa sticks above the skin. Moxibustion order should come first from the upper body to the lower body, from the Yin meridian to the Yang meridian.
3. Treatment frequency: perform moxibustion at each point for 3–5 min, following the yardstick of skin flushing and no blister. Once a day, 10 times per course of treatment (Xinwei, 2001).

Direct moxibustion (non-scarring moxibustion) for UC:

1. Acupoint selection: Main acupoints: Tianshu (ST25), Zusanli (ST36). Accompanying acupoints: For the syndrome of dampness-heat in the large intestine, add Quchi (LI11) and Hegu (LI4). For the syndrome of yang deficiency of the spleen and kidney, add Mingmen (GV4) and Guanyuan (CV4). The For syndrome of spleen deficiency and dampness accumulation, add Baihui (GV20) and Changqiang (GV1). For the syndrome of intermingled heat and cold, add Quchi (LI11), Mingmen (GV4), and Guanyuan (CV4). For the syndrome of stagnation of liver Qi and spleen deficiency, add Zusanli (ST36) and Shangjuxu (ST37). For the syndrome of Yin-blood depletion, add Pishu (BL20), Zusanli (ST36), and Xuehai (SP10). For the syndrome of stasis resistance in intestinal collaterals, add Shenshu (BL23), Pishu (BL20), and Dachangshu (BL25). Direct moxibustion (non-scarring moxibustion) is not suitable for the syndrome of fire toxicity.
2. Operation: Guide the patient to assume the supine or prone position. Expose the skin, perform routine disinfection, place moxa cones of appropriate sizes on the acupoints, and ignite them. When two-fifths or one-quarter of the moxibustion cones are burned and the patient feels slight burning pain, replace them with new cones and continue to perform moxibustion. If using a moxa cone that is the size of wheat grains, the doctor shall extinguish the moxa cone with the handle of tweezers when the patient feels burning pain, move to another acupoint and continue to perform moxibustion, the patient should finish all the required moxa cones. Generally, the yardstick of flush local skin without blisters should be followed. As the procedure should not leave burns on the skin, no fester or scars should be generate after moxibustion. The moxibustion order should come first from the upper body to the lower body, from the Yin meridian to the Yang meridian.
3. Treatment frequency: Perform moxibustion at each point with 5–10 moxa cones (Zhuang). Once a day, 10 times per course of treatment.

Ginger moxibustion for UC:

1. Indications: It is mainly suitable for patients with the syndrome of spleen deficiency and dampness accumulation.
2. Acupoint selection: Shenque (CV8), Zusanli (ST36), Tian Shu (ST25), and Shangjuxu (ST37) (Tianai et al., 2014).
3. Operation: Cut fresh ginger into thin slices (diameter, 2–3 cm and thickness, about 0.3–0.4 cm), pierce several holes in the middle of the slices, place them on the acupoints, and then put moxa cones on the ginger slices to ignite and apply moxibustion. If the patient has burning pain, lift the ginger slices away from the skin for a moment, and then perform moxibustion later. When the moxa cones burn out, replace them with new cones and continue to perform moxibustion until the required amount is finished.
4. Treatment frequency: Perform moxibustion at each point with three moxa cones (Zhuang). Once a day, 10 times per course of treatment.

3.6 | UC extraintestinal manifestations and treatment strategies for complications

3.6.1 | Parenteral manifestations of UC

Recommendation 31: Integrated TCM and Western medicine treatments are available for parenteral manifestations of UC (such as arthritis and erythema nodosum) (GPS).

Studies have shown that about 31% of UC patients have parenteral manifestations (Vavricka et al., 2015), with most patients in the active stage (Harbord et al., 2016; Vavricka et al., 2011). Such patients can be treated accordingly with TCM on the basis of Western medicine treatment.

Arthritis pertains to the category of "Bi syndrome (痹证)" and "dysentery (痢风)" in TCM. UC patients become physically weak after being affected by dysentery, which makes them susceptible to exterior pathogenic factors such as wind-cold and damp-heat, leading to the stagnation of phlegm and blood stasis in the meridians and poor movement of Qi and blood in the joints. The nature of this disease is characterized by a deficiency in origin and enrichment in symptoms, with the initial stage of the disease often being dominated by enrichment in symptoms, such as phlegm-blood stasis and wind, cold, damp, and heat pathogens. Prolonged disease would eventually cause a deficiency in origin, such as spleen and kidney deficiency, Qi and blood deficiency, and Yin deficiency. In this disease, the deficiency in origin could result in enrichment symptoms, and vice versa. The TCM treatment mainly works on spleen strengthening and kidney tonifying,

wind and dampness dispelling, phlegm elimination, and blood stasis removal (Yun et al., 2022).

Erythema nodosum pertains to the "Gua Teng Chan (瓜藤缠)" category in TCM. During the active period of UC, the damp-heat pathogen accumulates in the intestinal tract and flows into the skin, which impedes Qi and blood movement in the meridians, leading to blood stasis, and manifests as erythema nodosum. The TCM clinical treatment mainly works on heat-clearing, dampness elimination, and stasis removal (Yuanli et al., 2020).

3.6.2 | Complications of UC

Recommendation 32: TCM treatments are available for UC complications (such as venous thrombosis) (GPS).

Venous thrombosis pertains to the "Guzhong disease (股肿病)" TCM category. In the context of UC, damp-heat pathogens are considered to accumulate in the intestines and cause Qi and blood disorder, resulting in blood stasis in the pulse and the impediment of nutrient-blood circulation reflux. Therefore, water and fluid overflow and gather around, leading to dampness. The prolonged stagnation of damp pathogens would lead to heat, and as the dampness-heat integrates and moves into the lower body, "Gu Zhong disease (deep thrombophlebitis)" is induced. Therefore, dampness-heat and blood stasis are considered the keys to venous thrombosis. The TCM treatment can refer to "Clinical Guidelines for Diagnosis and Treatment of Surgery in TCM—Guzhong disease" (China Association of Chinese Medicine, 2019).

3.7 | Traditional Chinese and Western medicine treatment strategy for UC

3.7.1 | Treatment selection and conversion strategies in TCM and Western medicine

Recommendation 33: To treat patients with mild and moderate UC in the active stage, whole TCM treatment, whole Western medicine treatment, or integrated treatment of traditional Chinese and Western medicine are all available (GPS).

Recommendation 34: If the effect of TCM oral treatment or TCM enteroclysis on mild and moderate UC in the active period is unsatisfactory, they can be combined or replaced with Western medicine treatments, including oral administration, enteroclysis, or suppositories (GPS).

Mild and moderate UC can be treated with Western medicine on the basis of TCM syndrome differentiation: (1) rectal type: 1.0 g/d 5-ASA administered locally in the rectum; (2) left colon type or whole colon type: 2.0–4.0 g/day 5-ASA administered orally, and 5-ASA suppository or enema can be combined. Evaluate the response at 2–4 weeks, and continue to use 5-ASA thereafter; if no response is detected, glucocorticoid should be administered orally or locally, and the patient should be considered as having severe UC (Shengsheng, Hong, et al., 2017; Shengsheng, Wei, et al., 2017).

Recommendation 35: Severe UC and glucocorticoid-resistant or glucocorticoid-dependent UC is available for the integrated treatment of traditional Chinese and Western medicine (GPS).

For patients with severe UC in the active period, using glucocorticoid treatment in combination with TCM syndrome differentiation to induce remission is recommended. For hormone-dependent or resistant UC patients, TCM syndrome differentiation can alleviate clinical symptoms and promote hormone withdrawal (Ling et al., 2020; Ye et al., 2022). If the patient has acute severe UC, intravenous glucocorticoid infusion is recommended according to Western medicine, with the response being evaluated on the third day. For patients with hormone-resistant UC, other treatments (using cyclosporine, tacrolimus, biological agents, surgery, etc.) should be considered as early as possible to avoid exacerbating the illness (Shengsheng, Hong, et al., 2017; Shengsheng, Wei, et al., 2017).

3.7.2 | Maintenance treatment strategy of traditional Chinese and Western medicine

Recommendation 36: The choice of maintenance treatment scheme for UC in the remission stage is determined by the type of disease and the drugs inducing remission (GPS).

Patients who undergo remission with TCM treatment can be maintained only with TCM; those who undergo remission with Western medicine can be maintained with Western medicine or may take TCM preparations orally or as an enema. Patients with remission induced by integrated TCM and Western medicine treatments can gradually reduce or stop using Western medicine, and be maintained only with TCM.

After the clinical remission of UC with TCM treatment, after a 4–8 week observation period, the TCM dosage can be reduced from one dose per day to one dose every 2–3 days to maintain remission and reduce drug dosage. The TCM treatment should be maintained for at least half a year or more. For UC patients in the remission stage, intestinal mucosa healing and pathological healing should be confirmed endoscopically, after which, if the main manifestations are abdominal pain and diarrhea with no mucous pus or bloody stool, they can be treated symptomatically, with intestinal function adjustment as the main treatment. Referring to *Consensus on Diagnosis and Treatment of Irritable Bowel Syndrome in Traditional Chinese Medicine (2017)* (Shengsheng, Hong, et al., 2017; Shengsheng, Wei, et al., 2017) for the treatment plan. For UC patients who use 5-ASA to induce remission, the medication for maintaining remission should be the same as that in the active period, although the dosage can be reduced. Patients who take glucocorticoid orally to induce remission shall be treated with 5-ASA or thiopurine drugs; For those who induce remission by biological agents, continue the maintenance treatment of original biological agents (Ran et al., 2021).

3.8 | Preventive measurements of UC

Recommendation 37: TCM prevention of UC attaches great importance to prevention before disease, prevention of progression of the disease, and prevention of recurrence (GPS).

The pathogenic basis of UC according to Western medicine is not very clear. The TCM concept of prevention before disease pays attention to the healthy function of the spleen, the elimination of dampness-heat pathogens, and the adjustment of viscera function. The prevention of disease progression and prevention of recurrence should also be noted.

Recommendation 38: UC patients should pay attention to diet and lifestyle adjustments (GPS).

Patients should be careful with regard to food hygiene and lifestyle adjustments. In terms of diet, they should avoid the intake of food that is too spicy, fried, and unclean. Using diet logs to record daily food intake is also recommended, as it can provide evidence of what foods a patient does not tolerate diet should therefore avoid. Moderate physical exercise, such as shadowboxing (Tai Chi), Baduanjin exercise, and other slow-paced exercises, are recommended. Psychologically, the patient should learn to balance exertion and rest, ensure adequate sleep, and avoid excessive mental stress and adverse stimulation.

Recommendation 39: Strengthening doctor-patient communication and improving social support is helping to improve the compliance of UC patients (GPS).

With the continuous efforts on TCM research, the curative effects of TCM in treating UC are becoming clearer. Clinicians can enhance patient confidence in treating UC using TCM and improve patient compliance by offering lectures on daily TCM-based nursing of UC and compiling TCM manuals on UC (Fei et al., 2011).

UC has a rather long course of disease and medication; therefore, the importance of social support should be particularly stressed due to the complexity and prolonged time of TCM decoction. Studies have shown that the greater the support of relatives and friends, the better the compliance with taking medicine. Relatives and friends can supervise the patients to reduce the frequency of forgetting to take medicine, and to decoct medicine for the patients, to relieve the burnout of patients caused by inconvenience (Jianing et al., 2021). In addition, shortening the waiting time of patients can also improve the satisfaction of outpatients, thus indirectly improving medication-related patient compliance (Lifang et al., 2019).

3.9 | Evaluation of curative effect

Recommendation 40: Choosing reasonable efficacy evaluation indexes to evaluate the curative effect of TCM on UC is helpful for obtaining high-quality clinical research evidence and promote the internationalization and standardization of the TCM clinical evaluation system (GPS).

The key efficacy evaluation indexes for UC patients who have received TCM treatment are:

1. Symptom-related efficacy indexes: ① Remission rate, remission time, disappearance rate, and disappearance time of the main symptoms (diarrhea, abdominal pain, mucous pus, bloody stool, and tenesmus). ② Simple Clinical Colitis Activity Index.
2. Evaluation standard on TCM syndrome efficacy: can be formulated with reference to the *Guidance Principle of Clinical Study on New Drugs of Traditional Chinese Medicine* and *Consensus of Experts on Diagnosis and Treatment of Ulcerative Colitis in Traditional Chinese Medicine (2017)* (Shengsheng, Hong, et al., 2017; Shengsheng, Wei, et al., 2017; Xiaoyu, 2002). ① Clinical remission: the symptoms and signs were obviously improved before and after taking the medicine (the curative effect index was ≥95%); ② Effective: After taking the medicine, the symptoms and signs were obviously improved (70% ≤ curative effect index < 95%); ③ Effective: After taking the medicine, the symptoms and signs are improved (30% ≤ curative effect index < 70%); (4) Ineffective: after taking the medicine, the symptoms and signs are not obviously alleviated or aggravated (the curative effect index is less than 30%). The formula (nimodipine method) is curative effect index (%) = (pre-treatment integral-post-treatment integral) ÷ pre-treatment integral × 100%.
3. Efficacy indexes of the disease: ① Mayo Score (Table 8); ② the UC Activity Index proposed by the American College of Gastroenterology in 2019 (Table 9) (Rubin et al., 2019).
4. Efficacy indexes of endoscope: ① Mayo endoscopic score (MES) (refer to the item Endoscopic discovery: in Table 8); ② the UC Endoscopic Index of Severity (UCEIS) scoring system (Table 10).
5. Mucosa-related efficacy index: Geboes index (Table 11).
6. Laboratory test result-related efficacy indexes: ESR, CRP level, fecal calprotectin level.
7. Efficacy index related to quality of life: IBDQ score.
8. Indexesrelated to safety: the incidence of adverse events and adverse reactions, and the occurrence time of adverse events and adverse reactions (i.e., how long the adverse events and adverse reactions occur after medication).

4 | HIGHLIGHTS AND LIMITATIONS

This guideline discusses many problems that meet the clinical needs but are not covered by the previous guidelines. For example, the guideline adds the syndrome of stasis resistance in intestinal collaterals to the basic syndrome types, it was emphasized that blood stasis blocking collaterals was a pathological factor in the later development of UC, and the modified Shaofuzhuyu decoction was accordingly provided as a recommended prescription in the treatment part, this guideline is complementary; it focuses on UC complications and in vitro presentation, filling a gap in previous consensus; it focuses on patient compliance and provides referable recommendations; The

TABLE 8 Mayo score.

Project	Score			
	0 points	1 point	2 points	3 points
Stool frequency	Normal no. of stools for this patient	1 to 2 stools more than normal	3 to 4 stools more than normal	5 or more stools more than normal
Rectal bleeding	No blood seen	Streaks of blood with stool less than half the time	Obvious blood with stool most of the time	Blood alone passes
Findings on endoscopy	Normal or inactive disease	Mild disease (erythema, decreased vascular pattern, mild friability)	Moderate disease (marked erythema, lack of vascular pattern, friability, erosions)	Severe disease (spontaneous bleeding, ulceration
Physician's global assessment	Normal	Mild disease	Moderate disease	Severe disease

Note: (1) Instructions for use: Each subject serves as a self-control for evaluation of the degree of defecation frequency. The rectal bleeding score represents the most serious bleeding condition in 1 day. The physician's global assessment includes three criteria: the subjects' review of abdominal discomfort, general happiness, and other parameterd. The sum of total scores ≤2 points and no single sub-item score >1 goes to remission period; 3–5 goes to mild active period; 6–10 goes to moderate active period; 11–12 goes to severe active period. (2) Efficacy evaluation: ① Clinical effectiveness: the total Mayo score decreased by ≥30% or ≥3 points from the baseline level, and the sub-score of hematochezia decreased by ≥1 point or was 0 or 1 point. ② Clinical remission: the total Mayo score was ≤2 and no single sub-item score was >1. ③ Endoscopic response: the sub-score of endoscopic discovery decreased by at least 1 point compared with that at baseline. ④ Mucosal healing: the absolute score of Mayo endoscopy is 0 or 1.

TABLE 9 Ulcerative colitis (UC) activity index proposed by the American College of Gastroenterology in 2019.

	Remission	Mild	Moderate–severe	Fulminant
Stools (no./d)	Formed feces	<4	>6	>10
Blood in stools	None	Intermittent	Frequent	Continuous
Urgency	None	Mild, occasional	Often	Continuous
Hemoglobin	Normal	Normal	<75% of normal	Transfusion required
Esedimentation rate	<30	<30	>30	>30
C-reactive protein (mg/L)	Normal	Elevated	Elevated	Elevated
Fecal calprotectin (μg/g)	<150–200	>150–200	>150–200	>150–200
Endoscopy (Mayo subscore)	0–1	1	2–3	3
UC Endoscopic Index of Severity	0–1	2–4	5–8	7–8

guideline discusses and provides suggestions on the time of taking medicine, dosage of TCM and other issues not covered in the previous guidelines, the specific efficacy evaluation indexes are provided for clinician to use and improve the implementability of the guideline. Please refer to the *Pharmacopoeia of the People's Republic of China* (Chinese Pharmacopoeia Commission, 2020) (also see Table 12) for information regarding the usage, dosage, and precautions of the traditional Chinese medicine mentioned in this guideline.

Currently, there is a notable absence of sufficient high-quality evidence in the field of TCM treatment for UC, contributing to the guideline's inability to fully address certain clinical questions. Consequently, future research should focus on exploring the advantages of TCM in treating UC. For instance, can TCM effectively reduce or replace the use of 5-aminosalicylic acid preparations for patients with mild to moderate UC? Is there potential for enhancing the curative effect on UC by combining TCM-based and 5-aminosalicylic acid preparation treatments? Can TCM play a role in reducing hormone resistance or dependence in UC patients? Can the co-administration of TCM and biological agents reduce non-response or adverse reactions to the latter? Can it also contribute to a decrease in the operation rate and recurrence rate? How to effectively treat UC complications with TCM? Addressing these questions requires rigorous clinical evidence-based research to generate high-level evidence, fully uncovering the potential benefits of TCM and guiding clinical practice.

5 | GUIDELINE DEVELOPMENT PANEL

5.1 | Steering committee

Shengsheng Zhang (Chief Clinical TCM Expert, Beijing Hospital of Traditional Chinese Medicine, Capital Medical University), Kaichun Wu (Chief Clinical Expert of Western Medicine, First Affiliated Hospital of Air Force Medical University), Yaolong Chen (Chief Methodology Expert, School of Basic Medical Sciences, Lanzhou University), Xin

TABLE 10 Ulcerative colitis endoscopic index of severity scoring system.

Indicators	Score	Endoscopic manifestations
Vascular pattern	Normal (0 points)	Normal vascular pattern with arborization of capillaries clearly defined or with blurring or patchy loss of capillary margins
	Plaque obliteration (1 point)	Patchy obliteration of vascular pattern
	Obliterated (2 points)	Complete obliteration of vascular pattern
Bleeding	None (0 points)	No visible blood
	Mucosal (1 point)	Some spots or streaks of coagulated blood on the surface of the mucosa ahead of the scope that can be washed away
	Luminal mild (2 points)	Some free liquid blood in the lumen
	Luminal moderate or severe (3 points)	Frank blood in the lumen ahead of the endoscope or visible oozing from the mucosa after washing intraluminal blood, or visible oozing from a hemorrhagic mucosa
Erosions and ulcers	None (0 points)	Normal mucosa, no visible erosions or ulcers
	Erosions (1 point)	Tiny (−5 mm) defects in the mucosa of a white or yellow color with a flat edge
		Mmucosal defect >5 mm, with superficial ulcer and fibrin coverage
	Superficial ulcer (2 points)	Larger (>5 mm) defects in the mucosa, which are discrete fibrin-covered ulcers when compared with erosions but remain superficial
	Deep ulcer (3 points)	Deeper excavated defects in the mucosa with a slightly raised edge

Note: The total score of the three indicators can range from 0 to 8 (normal: 0, mild activity: 1–3, moderate activity: 4–6, and severe activity: 7–8).

TABLE 11 Geboes score.

Classification	Index	Histological manifestations
Grade 0 (architectural changes)	0.0	No abnormality
	0.1	Mild abnormality
	0.2	Mild/moderate diffuse or multifocal abnormalities
	0.3	Severe diffuse or multifocal abnormalities
Grade 1 (chronic inflammatory cell infiltration)	1.0	No increase
	1.1	Mild but unequivocal increase
	1.2	Moderate increase
	1.3	Marked increase
Grade 2 (neutrophils and eosinophils)	2A. Eosinophils in lamina propria	
	2A. 0	No increase
	2A. 1	Mild but unequivocal increase
	2A. 2	Moderate increase
	2A. 3	Marked increase
	2B. Neutrophils in lamina propria	
	2B. 0	No increase
	2B. 1	Mild but unequivocal increase
	2B. 2	Moderate increase
	2B. 3	Marked increase
Grade 3 (epithelial neutrophils)	3.0	None
	3.1	<5% of crypts involved
	3.2	<50% of crypts involved
	3.3	>50% of crypts involved
Level 4 (crypt destruction)	4.0	None
	4.1	Probable–Local excess of neutrophils in part of the crypts
	4.2	Probable–Marked attenuation
	4.3	Unequivocal crypt destruction
Grade 5 (erosion and ulcer)	5.0	No erosion, ulcerative or granulation tissue
	5.1	Recovering epithelium + adjacent inflammation
	5.2	Probable erosion – focally stripped
	5.3	Unequivocalerosion
	5.4	Ulcer and granulation tissue

Note: The higher the Geboes index, the more serious the disease activity. A grade lower than 2A. 0 can be regarded as histological remission (Sands et al., 2019).

Sun (Chief Methodology Expert, West China Hospital of Sichuan University).

5.2 | Consensus expert group (take the strokes of the Chinese last name in order)

TCM Clinical Experts: Chuijie Wang (First Affiliated Hospital of Liaoning University of Traditional Chinese Medicine), Huaning Wang (Yunnan Provincal Hospital of Traditional Chinese Medicine), Xudong Tian (Gansu Provincial Hospital of Traditional Chinese Medicine), Lei Zhu (Jiangsu Province Hospital of Chinese Medicine), Xueliang Jiang (The Second Affiliated Hospital of Shandong University of Traditional Chinese Medicine), Yanping Li (Chongqing Hospital of Traditional Chinese Medicine), Junxiang Li (Dongfang Hospital, Beijing University of Chinese Medicine), Guanhu Yang (Heritage College of Osteopathic Medicine, Ohio University, USA), Shenglan Yang (Union Hospital, Tongji Medical College, Huazhong University of Science and

TABLE 12 Dosage and precautions of traditional Chinese medicine.

Traditional Chinese medicine	Usage and dosage	Precautions
Baihuasheshecao (*Oldenlandia diffusa*)	Not mentioned	Not mentioned
Baijiangcao (*Patrinia scaniosaefolia*)	Not mentioned	Not mentioned
Baibiandou (*Lablab Semen Album*)	9–15 g	Not mentioned
Baihe (*Lilii Bulbus*)	6–12 g	Not mentioned
Baiji (*Bletillae Rhizoma*)	6–15 g; grind into a powder and swallow (3–6 g), take an appropriate amount for external use	Not mentioned
Baishao (*Paeoniae Radix Alba*)	6–15 g	Not suitable for combined use with Lilu (*Veratrum nigrum*)
Baitouweng (*Pulsatillae Radix*)	9–15 g	Not mentioned
Baizhu (*Atractylodis Macrocephalae Rhizoma*)	6–12 g	Not mentioned
Binglang (*Arecae Semen*)	3–10 g; 30–60 g for repelling tapeworm and *Fasciolopsis buski*	Not mentioned
Buguzhi (*Psoraleae Fructus*)	6–10 g; apply a 20–30% tincture to the affected area for external use	Not mentioned
Cebaiye (*Platycladi Cacumen*)	6–12 g; take an appropriate proper amount for external use	Not mentioned
Chaihu (*Bupleuri Radix*)	3–10 g	The dry rhizome of Da Ye Chaihu (*Bupleurum longgiradiatum Turcz.*) is poisonous and cannot be used instead of Chaihu (*Bupleuri Radix*)
Chenpi (*Citri Reticulatae Pericarpium*)	3–10 g	Not mentioned
Chishao (*Paeoniae Radix Rubra*)	6–12 g	Not suitable for combined use with Lilu (*Veratrum nigrum*)
Chishizhi (*Halloysitum Rubrum*)	9–12 g. Decoct first. For external use, grind and apply an appropriate amount on the affected area	Not suitable for combined use with Rougui (*Cinnamomi Cortex*)
Chuanxiong (*Chuanxiong Rhizoma*)	3–10 g	Not mentioned
Chunpi (*Ailanthi Cortex*)	6–9 g	Not mentioned
Dahuangtan (*Rhubarb Charcoal*)	Not mentioned	Not mentioned
Dahuang (*Rhei Radix Et Rhizoma*)	3–15 g; serve as a purgative agent. Not suitable to decoct for a long time. For external use, grind and apply an appropriate amount to the affected area	Use with caution during pregnancy, menstruation, and lactation
Danggui (*Angelicae Sinensis Radix*)	6–12 g	Not mentioned
Dangshen (*Codonopsis Radix*)	9–30 g	Not suitable for combined use with Lilu (*Veratrum nigrum*)
Diyu (*Sanguisorbae Radix*)	9–15 g; for external use, grind and apply an appropriate amount to the affected area	Not mentioned
Doukou (*Amomi Fructus Rotundus*)	3–6 g. Decoct it after other medicinal materials.	Not mentioned
Ejiao (*Asini Corii Colla*)	3–9 g, melted and diluted.	Not mentioned
Ercha (*Catechu*)	1–3 g. Wrap with gauze; use mostly as a pill or powder. Take the appropriate amount for external use	Not mentioned
Fangfeng (*Saposhnikoviae Radix*)	5–10 g	Not mentioned
Fuling (*Poria*)	10–15 g	Not mentioned
Fuzi (*Aconiti Lateralis Radix Praeparata*)	3–15 g. Decoct it first and for a long time	Use with caution during pregnancy. Not suitable for the combined use with Banxia (*Pinelliae Rhizoma*), Gualou (*Trichosanthis Fructus*), Gualouzi (*Trichosanthis Semen*), Gualoupi (*Trichosanthis Pericarpium*), Tianhuafen (*Trichosanthis Radix*), Beimu (*Bolbostemmatis Rhizoma*), Zhebeimu (*Fritillariae Thunbergii Bulbus*), Pingbeimu (*Fritillariae Ussuriensis Bulbus*), Yibeimu (*Fritillariae Pallidiflorae Bulbus*), Hubeibeimu (*Fritillariae Hupehensis Bulbus*), Bailian (*Ampelopsis Radix*), or Baiji (*Bletillae Rhizoma*)

TABLE 12 (Continued)

Traditional Chinese medicine	Usage and dosage	Precautions
Gancao (*Glycyrrhizae Radix Et Rhizoma*)	2–10 g	Not suitable for combined use with Haizao (*Sargassum*), Jingdaji (*Euphorbiae Pekinensis Radix*), Hongdaji (*Knoxiae Radix*), Gansui (*Kansui Radix*), or Yuanhua (*Genkwa Flos*)
Ganjiang (*Zingiberis Rhizoma*)	3–10 g	Not mentioned
Gegen (*Puerariae Lobatae Radix*)	10–15 g	Not mentioned
Guizhi (*Cinnamomi Ramulus*)	3–10 g	Use with caution during pregnancy
Hehuanhua (*Albiziae Flos*)	5–10 g	Not mentioned
Hezi (*Chebulae Fructus*)	3–10 g	Not mentioned
Huaihua (*Sophorae Flos*)	5–10 g	Not mentioned
Huangbo (*Phellodendri Chinensis Cortex*)	3–12 g; take an appropriate amount for external use	Not mentioned
Huanglian (*Coptidis Rhizoma*)	2–5 g; take an appropriate amount for external use	Not mentioned
Huangqi (*Astragali Radix*)	9–30 g	Not mentioned
Huangqin (*Scutellaria Radix*)	9–30 g	Not mentioned
Jizihuang (*Hen Egg Yolk*)	Not mentioned	Not mentioned
Jiegeng (*Platycodonis Radix*)	3–10 g	Not mentioned
Jiuxiangchong (*Aspongopus*)	3–9 g	Not mentioned
Kufan (calcined *Alumen*)	Not mentioned	Not mentioned
Kushen (*Sophorae Flavescentis Radix*)	4.5–9 g; take an appropriate amount for external use and decoct it to wash the affected area	Not suitable for combined use with Lilu (*Veratrum nigrum*)
Lianzi (*Nelumbinis Semen*)	6–15 g	Not mentioned
Luganshi (*Calamina*)	Take an appropriate amount for external use.	Not mentioned
Machixian (*Portulacae Herba*)	9–15 g; take an appropriate amount for external use. Mash and apply to the affected area	Not mentioned
Maidong (*Ophiopogonis Radix*)	6–12 g	Not mentioned
Moyao (*Myrrha*)	3–5 g; process it to remove oil and add it into pills/powder	Use with caution for pregnant women and patients with a weak stomach
Mudanpi (*Moutan Cortex*)	6–12 g	Use with caution during pregnancy
Muxiang (*Aucklandiae Radix*)	3–6 g	Not mentioned
Oujietan (*Nodus Nelumbinis Rhizomatis Charcoal*)	Not mentioned	Not mentioned
Paojiang (*Zingiberis Rhizoma Praeparatum*)	3–9 g	Not mentioned
Puhuang (*Typhae* pollen)	5–10 g. Wrap in gauze and apply an appropriate amount to the affected area for external use	Use with caution for pregnant women
Qingdai (*Indigo Naturalis*)	1–3 g. Suitable for pills/powders; take an appropriate amount for external use	Not mentioned
Qinpi (*Fraxini Cortex*)	6–12 g. Decoct and use an appropriate amount to wash the affected area	Not mentioned
Renshen (*Ginseng Radix Et Rhizoma*)	3–9 g. Decocted alone and mixed with other decoctions; it can also be ground into a powder and swallowed. Once for 2 g, twice a day	Not suitable for combined use with Lilu (*Veratrum nigrum*) and Wulingzhi (*Trogopterus Dung*)
Roudoukou (*Myristicae Semen*)	3–10 g	Not mentioned
Rougui (*Cinnamomi Cortex*)	1–5 g	Use with caution for those with bleeding tendency and pregnant women; Not suitable for combined use with Chishizhi (*Halloysitum Rubrum*)
Sanqi (*Notoginseng Radix Et Rhizoma*)	3–9 g. Grind into a powder and swallow 1–3 g at a time. Take an appropriate amount for external use	Use with caution for pregnant women
Shanyao (*Dioscoreae Rhizoma*)	15–30 g	Not mentioned

(Continues)

TABLE 12 (Continued)

Traditional Chinese medicine	Usage and dosage	Precautions
Shaoyao (Chinese herbaceous peony)	6–15 g	Not suitable for combined use with Lilu (*Veratrum nigrum*)
Sharen (*Amomi Fructus*)	3–6 g. Decoct it after other medicinal materials.	Not mentioned
Shashen (*Adenophorae Radix*)	5–12 g	Not suitable for combined use with Lilu (*Veratrum nigrum*)
Shengma (*Cimicifugae Rhizoma*)	3–10 g	Not mentioned
Shiliupi (*Granati Pericarpium*)	3–9 g	Not mentioned
Shujiao (*Sichuan Zanthoxyli Pericarpium*)	Not mentioned	Not mentioned
Shudihuang (*Rehmanniae Radix Praeparata*)	9–15 g	Not mentioned
Wulingzhi (*Trogopterus Dung*)	Not mentioned	Not mentioned
Wubeizi (*Galla Chinensis*)	3–6 g. Take an appropriate amount for external use	Not mentioned
Wumei (*Mume Fructus*)	6–12 g	Not mentioned
Wuweizi (*Schisandrae Chinensis Fructus*)	2–6 g	Not mentioned
Wuyao (*Linderae Radix*)	6–10 g	Not mentioned
Wuzhuyu (*Euodiae Fructus*)	2–5 g. Take an appropriate amount for external use	Not mentioned
Xiaohuixiang (*Foeniculi Fructus*)	3–6 g	Not mentioned
Xixin (*Asari Radix Et Rhizoma*)	1–3 g; 0.5–1 g powder at a time. Use an appropriate amount for external use	Not suitable for combined use with Lilu (*Veratrum nigrum*)
Xuchangqing (*Cynanchi Paniculati Radix Et Rhizoma*)	3–12 g. Decoct it after other medicinal materials.	Not mentioned
Xuejie (*Draconis Sanguis*)	Grind 1–2 g to a powder. Use it in pills, apply it to the affected part, or add it to plaster for external use	Not mentioned
Xueyutan (*Crinis Carbonisatus*)	5–10 g	Not mentioned
Yanhusuo (*Corydalis Rhizoma*)	3–10 g. Grind into a powder and swallow, take 1.5–3 g at a time	Not mentioned
Yejuhua (*Chrysanthemi Indici Flos*)	9–15 g; take an appropriate amount for external use, decocted for external washing or as a paste for external application.	Not mentioned
Yiyiren (*Coicis Semen*)	9–30 g	Use with caution for pregnant women
Yujin (*Curcumae Radix*)	3–10 g	Not suitable for the combined use with Dingxiang (*Caryophylli Flos*) and Mudingxiang (*Caryophylli Fructus*)
Yunnan Baiyao	0.25–0.5 g once, 4 times a day	Prohibited for pregnant women; Avoid eating broad beans, fish, and sour and cold food within one day after taking the medicine
Zexie (*Alismatis Rhizoma*)	6–10 g	Not mentioned
Zhiqiao (*Aurantii Fructus*)	3–10 g	Use with caution for pregnant women
Zhishi (*Aurantii Fructus Immaturus*)	3–10 g	Use with caution for pregnant women
Zhuling (*Polyporus*)	6–12 g	Not mentioned
Zicao (*Arnebiae Radix*)	5–10 g; take an appropriate amount for external use, boil to a paste, or soak and rub with vegetable oil	Not mentioned
Zonglütan (*Crinis Trachycarpi*)	3–9 g, use in after-processing	Not mentioned

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The authors declare no conflicts of interest.

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Not applicable.

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SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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