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SCM

世界中医药学会联合会

World Federation of Chinese Medicine Societies

SCM **-20**

国际中医临床实践指南

前葡萄膜炎

International Clinical Practice Guideline of Chinese Medicine

Anterior Uveitis

世界中联国际组织标准

International Standard of WFCMS

20**–**–**发布实施

Issued & implemented on ** **, 20**

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前　言

请注意本文件的某些内容可能涉及专利。本文件的发布机构不承担识别专利的责任。

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本文件的起草程序遵守了世界中医药学会联合会发布的 SCM1.1-2021 《标准化工作导则第 1 部分：标准制修订与发布》。

引　言

本文件制定的目的在于进一步规范前葡萄膜炎中医临床诊断与治疗，为国际中医师临床实践提供前葡萄膜炎中医药治疗策略与方法。本文件简明实用，可操作性强，符合医疗法规和法律要求，具有指导性、普适性和可参照性，可作为临床实践、诊疗规范和质量评价的重要参考依据。

目前已发布的《前葡萄膜炎临床诊疗指南》自施行以来，对前葡萄膜炎的中医药诊疗发挥了较好的指导作用。本文件在既往指南的基础上，在证据级别较高的中医药治疗前葡萄膜炎的高质量研究中筛选临床疗效可靠、安全、便于推广的治疗方法，以提高中医药治疗前葡萄膜炎的临床疗效。

本文件在制定过程中，通过学术会议、信函调查、电话联系等多种方式进行合作交流，共召开大小会议 10 余次。本文件草案于 2022 年 **月形成，之后经世界中医药学会联合会标准部协调，在行业内发出专家意见征求表 30 份，并获得一致通过。其中 9 位专家提出修改意见后，根据其意见进行修改，并于 2020 年**月在北京通过了中医标准化技术委员会审定。此后，根据终审意见修改，于 2020 年**月形成定稿。

本文件不是医疗行为的标准或者规范，而是依据现有的研究证据、特定的方法制定出的声明性文件。在临床实践中，医师们可参考本文件并结合患者具体情况进行个体化治疗。

本文件的某些内容可能涉及专利。本文件的发布机构不承担识别这些专利的责任。

国际中医临床实践指南 前葡萄膜炎

1 范围

本指南规定了前葡萄膜炎的诊断、辨证和治疗基本要求。

本指南适用于各级医疗机构的中医眼科临床从业医师，作为对前葡萄膜炎的诊断和治疗依据。西医眼科从业医师和其他学科中医师也可参照本指南中的相关内容。

2 规范性引用文件

下列标准所包含的条文，通过在本指南中引用而构成为本指南的条文。本指南出版时，所示版本均为有效。所有标准都会被修订，使用本指南的各方应探讨使用下列标准的最新版本的可能性。

GB/T 16751.1—1997 中医临床诊疗术语 疾病部分

GB/T 16751.2—1997 中医临床诊疗术语 证候部分

GB/T 16751.3—1997 中医临床诊疗术语 治法部分

ZYYXH/T41—2008 中医临床诊疗指南 中医病证部分

ZY/T001.1 中医病证诊断疗效标准

SCM 0002-2007 中医基本名词术语中英对照国际标准

2009 WHO 西太平洋地区传统医学名词术语国际标准

3 术语和定义

3.1 前葡萄膜炎

疾病主要位于前部的葡萄膜炎，包括虹膜炎，虹膜睫状体炎，和前部睫状体炎，临床上按病程分为急性、慢性和复发性，前葡萄膜炎是葡萄膜炎中最常见的一种类型。

4 诊断

4.1 典型的临床表现

常见症状为起病突然，多为单眼发病，出现眼红、眼痛、畏光、流泪症状，但这些症状在不同患者和疾病的不同阶段可有很大差异。患者多有视物模糊症状，尤其伴发反应性黄斑水肿、视乳头水肿者，可有明显的视力下降。前房炎性反应严重，眼部检查可见睫状充血（严重者可出现混合充血），角膜通常透明，部分患者可出现角膜内皮皱褶，尘状角膜后沉着物（+～++++），前房闪光（+～+++），前房炎症细胞（++～++++），部分患者前房内可有蛋白质凝聚物、纤维素性渗出物（膜），甚或前房积脓。虹膜可发生后粘连，瞳孔变小、瞳孔变形，眼压通常正常，也可轻度降低，少数患者因纤维素性渗出、炎症细胞碎片堵塞房角，

可出现眼压升高。能看到玻璃体者，可发现前玻璃体内有细胞并混浊，虽然偶可出现反应性黄斑水肿、视乳头水肿，但眼底多无可见的视网膜、脉络膜病变。

4.2 病史及其它检查

4.2.1 仔细询问腰骶部疼痛、周围关节炎、胃肠道病变、泌尿生殖系统感染等病史。若病史提示可能伴有血清阴性椎关节病变、炎性反应性肠道疾病、银屑病性关节炎者，应建议至相关科室检查，以确定伴发的全身性疾病。

4.2.2 对怀疑感染因素引起者，应行相关检查，以确定或排除相应的感染性疾病。

4.2.3 进行 HLA-B27 抗原测定。红细胞沉降率、C 反应蛋白质含量、白细胞计数等检测，有助于评价是否伴有全身性病变。根据情况可行 UBM、OCT、FFA 等检查。

5 辨证

5.1 肝经风热证

发病急骤，畏光流泪，视物模糊，头目疼痛。抱轮红赤，黑睛后沉着物，神水不清，黄仁肿胀，瞳神紧小，发热恶风，头痛身痛，或伴口腔、生殖器溃疡，或伴颈项强直，舌质红，苔薄白或微黄，脉浮数或弦数。

5.2 肝胆火炽证

发病急骤，畏光、灼热、多泪，视力锐减。抱轮红赤或白睛混赤，黑睛后沉着物密集，神水混浊重，或见黄液上冲，或见血液沉积，瞳神紧小，口苦咽干，烦躁不眠，便秘溺赤，口舌生疮，舌红苔黄而糙，脉弦数。

5.3 风湿夹热证

发病或急或缓，目珠坠痛，视物昏朦或自觉眼前黑花飞舞，羞明流泪。抱轮红赤持久不退或反复发作，黑睛后沉着物，神水混浊，黄仁纹理不清，瞳神紧小或干缺，多伴有头晕身重，骨节酸痛，或小便不利，或短涩灼痛，舌红苔黄腻，脉滑数。

5.4 阴虚火旺证

病势较缓或病至后期，赤痛时轻时重，反复发作，眼干涩不适，视物昏花。检查见眼前部炎症较轻，瞳神紧小或干缺，头晕耳鸣，口燥咽干，五心烦热，失眠多梦，舌红少苔或苔干乏津，脉细数。

6 治疗

6.1. 治疗原则

前葡萄膜炎急性期应该控制症状，减少并发症，宜中西医结合治疗，根据病情需要选择散瞳、糖皮质激素滴眼液等疗法；本病病因复杂，若合并全身病，必要时相关科室综合治疗。

6.2 分证论治

6.2.1 肝经风热证

治法：疏风清热

主方：新制柴连汤（《眼科纂要》）加减。

常用药：柴胡、黄连、黄芩、赤芍、蔓荆子、山栀子、龙胆草、木通、甘草、荆芥、防风等。（证据等级Ⅰb，强推荐）

加减：若目珠赤痛较甚，可选加生地、丹皮、凉血活血，增强退赤止痛的作用。

6.2.2 肝胆火炽证

治法：清泻肝胆

主方：龙胆泻肝汤（《医宗金鉴》）加减

常用药：龙胆草、炒栀子、柴胡、黄芩、车前子、木通、生地、泽泻、生甘草、知母、赤芍、丹皮等。（证据等级Ⅰb，强推荐）

加减：若眼赤痛较甚，或黑睛之后有血液沉积，可选加丹皮、赤芍、蒲黄以凉血活血或止血。若见口渴便秘，宜加生石膏、知母、大黄等清泻阳明之火。

6.2.3 风湿挟热证

治法：祛风清热除湿

主方：抑阳酒连散（《原机启微》）加减。

常用药：生地、独活、黄柏、防风、知母、蔓荆子、前胡、羌活、白芷、黄芩、寒水石、栀子等。（证据等级Ⅰb，强推荐）

加减：赤痛较甚者，宜酌减独活、羌活、白芷等辛温发散药物。若用于风湿偏盛，热邪不重，脘闷苔腻者，宜减去知母、黄柏、寒水石等寒凉泻火药物，酌加厚朴、茯苓宽中利湿。

6.2.4 阴虚火旺证

治法：滋阴降火

主方：知柏地黄汤（《医宗金鉴》）加减。

常用药：知母、黄柏、熟地、山萸肉、茯苓、泽泻、丹皮、山药等。（证据等级 Ⅳ级，弱推荐）

加减：若兼风阳上扰，可酌加石决明、钩藤平肝熄风。若兼气血不足，可于方中酌加党参、黄芪、当归、白芍、川芎等。

6.3 辨证选择中成药

龙胆泻肝丸(颗粒、胶囊、片）：适用于肝胆火炽证。口服，①水丸：一次3～6g，一日2次；②大蜜丸：一次1～2丸，一日2次。颗粒剂：开水冲服，一次4～8g，一日2次。胶囊剂：口服。①每粒0.25g装，一次4粒，一日3次；②每粒0.45g装，一次2粒，一日3次。片剂：口服。一次4片，一日2次（证据等级 专家共识，强推荐）

知柏地黄丸：适用于阴虚火旺证。口服，大蜜丸：一次1丸，一日2次；浓缩丸一次8

丸，一日 3 次。水蜜丸，一次 6g，一日 2 次；小蜜丸，一次 9g，一日 2 次。（证据等级专家共识，强推荐）

6.4 针刺疗法

针刺选择患眼太阳、睛明、攒竹、丝竹空、鱼腰为主穴；肝胆火炽者取太冲、风池、行间；风湿夹热者取合谷、曲池、外关；阴虚火旺者取四白、三阴交、肝俞。不捻转，留针 30 分钟。（证据等级Ⅰb，强推荐）

6.5 中药湿敷

银花、黄芩、连翘、胆草、荆芥、防风、黄连、菊花、蒲公英、红花各 10 克，加水 1000 毫升同煎，沸腾后小火煎 7～8 分钟，将药液倒出。每次从中倒出 200 毫升，加热后湿敷。每日 2～3 次。（证据等级 Ⅳ，弱推荐）

附录 A
（资料性附录）
证据评价及推荐原则

A.1 证据的评价和分级标准

证据分类原则主要参照刘建平教授编写的《传统医学证据体的构成及证据分级的建议》。此外，本文件中规定，若单个随机对照试验判定为高风险，则证据级别降低一级。

文献筛选和评价过程由两名评价员独立进行；如双方意见不一致，通过协商解决或由第三方裁决，具体内容见下表：

表 C 1 证据的评价和分级标准

证据级别	分级依据
Ⅰa	由随机对照试验、队列研究、病例对照研究、病例系列这 4 种研究中至少 2 种不同类型的研究构成的证据体，且不同研究结果的效应一致
Ⅰb	具有足够把握度的单个随机对照试验
Ⅱa	半随机对照试验或队列研究
Ⅱb	病例对照研究
Ⅲa	历史性对照的病例系列
Ⅲb	自身前后对照的病例系列
Ⅳ	长期在临床上广泛运用的病例报告和史料记载的疗法
Ⅴ	未经过系统研究验证的专家观点和临床经验，以及没有长期在临床上广泛运用的病例报告和史料记载的疗法

A.2 推荐原则

由于中医药治疗前葡萄膜炎的文献研究大多数存在试验报告内容不全面、设计欠规范、辨证选方多样、疗效标准不统一等问题，使试验结果存在潜在的偏倚，因此在本指南中，所有的证据均需取得专家共识后方可列入推荐。

目前指南的推荐分级标准一般按照 GRADE（Grading of Recommendation Assessment, Development and Evaluation）小组制定的推荐强度级别进行证据推荐，该标准中推荐意见分为强、弱两级，当证据明确显示干预措施利优于弊或弊优于利时，指南小组可将其列为强推荐；当利弊不确定或无论质量高低的证据显示利弊相当时，则视为弱推荐。综合以上考虑，本指南规定：证据为 I 级并且取得专家共识则视为强推荐；证据为 II 级且取得专家共识则视为弱推荐。

附录 B

（资料性）

利益冲突的宣言与经费支持

《国际中医临床实践指南 前葡萄膜炎》由世界中医药学会联合会眼科专业委员会承担，多家单位共同参与编制，无经费支持，为防止在本文件编制过程中出现利益冲突，凡参与制定工作的成员均已签署利益冲突声明，经伦理委员会审查未发现任何明确和本文件主题相关商业、专业或其他方面的利益，以及所有可能被本文件成果影响的利益冲突情况。

参 考 文 献

[1] 杨培增.葡萄膜炎诊断与治疗[M].北京：人民卫生出版社,2009.

[2] 赵堪兴,杨培增.眼科学[M],北京：人民卫生出版社,2013.

[3] 段俊国.中医眼科学[M].北京：人民卫生出版社,2012.

[4] 中华医学会眼科学分会眼免疫学组. 我国急性前葡萄膜炎临床诊疗专家共识（2016年） [J] . 中华眼科杂志,2016,52 (3): 164-166.

[5]杨培增. 葡萄膜炎疾病[M]//赵堪兴，杨培增. 眼科学. 8 版.北京：人民卫生出版社,2013:182–195.

[6]金明.中成药临床应用指南眼科疾病分册[M].北京:中国医药出版社，2016;98-104.

[7]金明.中医临床诊疗指南释义眼科疾病分册[M].北京:中国中医药出版社，2015.50-78.

[8] 金明. 葡萄膜炎的中医临证思维与循证研究[J]. 中国中医眼科杂志,2022,04:253-256.[9] 许玺明.中医治疗急性前葡萄膜炎的临床疗效观察[J].内蒙古中医药,2014,10(26):18-19.

[10] 叶茂果，姚岱君.中西医结合治疗特发性急性前葡萄膜炎临床观察[J].亚太传统医药,2013,9 (7):169-170.

[11] 马芬俞.中西医结合治疗虹膜睫状体炎疗效观察[J].山西中医学院学报,2010,11(6):24-25.

[12] 胡善萌,魏南珠,刘正明,赵艳.中西医结合治疗葡萄膜炎 32 例临床观察[J].安徽中医学院学报,2005,24(3):8-10.

[13] 李玉洁, 韩旭东,刘福田.龙胆泻肝汤加减治疗虹膜睫状体炎 50 例[J].中国民间疗法,2014,22(9): 49.

[14] 赵龙妹. 辨证分型针刺治疗瞳神紧小（急性前葡萄膜炎）的临床研究[D].长春中医药大学,2016.

[15] 韩贯宇,毕宏生,解孝锋.针刺联合局部激素治疗前葡萄膜炎临床研究[J].长春中医药大学学报,2012,28 (6):995-996.

[16]王海燕.中西药结合针刺治疗急性虹膜睫状体炎临床效果观察[J].中外医疗,2013,10(28):140-141.

[17] 林志辉.中药熏眼干预治疗葡萄膜炎的临床观察[J].中国实用医药,2014,9(29):145.

[18] 李红. 抑阳酒连散联合西药治疗风湿夹热型急性前葡萄膜炎 30 例[J]. 中医研究,2019,06:15-18.

[19] 黄小云. 抑阳酒连散联合西药治疗急性前部葡萄膜炎的临床疗效观察[J]. 现代医学与健康研究电子杂志,2022,11:17-20.

[20] 刘江华. 中医辨证联合西药治疗前葡萄膜炎的临床疗效观察[D].南京中医药大学,2017.

[21] 黄蓉,罗继红,李良长,李杜军. 龙胆泻肝汤治疗肝胆火炽型前葡萄膜炎的临床研究[J]. 湖北中医杂志,2015,08:34-35.

[22] 曾强. 新制柴连汤治疗前葡萄膜炎肝经风热型临床观察[D].湖南中医药大学,2009.

Contents

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Introduction

This guideline aims to further standardize the international TCM clinical diagnosis and treatment of anterior uveitis, and to provide international the TCM therapeutic strategies and methods of anterior uveitis for international TCM practioners. The guideline is concise and practical with strong operability, guidance, universality and reference, which meets medical regulations and legal requirements. It could be regarded as a valuable reference for clinical practice, diagnosis and treatment regulations and quality evaluation.

The published *Guideline for TCM anterior uveitis* have played a guiding role in the treatment of anterior uveitis with Chinese medicine. The context of this guideline focuses on diagnosis and treatment of anterior uveitis with Chinese medicine based on previous guidelines, strict quality assessments are conducted according to high-quality TCM systematic reviews and randomized clinical trials (RCT) in the treatment of anterior uveitis to screen therapeutic methods of high level evidences, reliable clinical efficacy, safety and convenient to popular, which aims to improve the clinical efficacy of TCM treatment on anterior uveitis.

During the formulation process, multiple methods such as academic meetings, letter inquisition and telephone contact were used to cooperate and communicate. Meetings and conferences were held more than ten times. The preliminary draft of the guideline was finished in March 2019. Then 30 experts participated in peer review and all gave agreement on the draft, and 9 of them proposed revising suggestions under the coordination of the WFCMS Standardization Department. The draft was approved by Technical Committee on Standardization of TCM in Beijing, 2019 and was finalized in after careful revising.

The formulation process of the guideline emphasizes practicability and operability, making the guideline “practicable for practitioners, useful for researchers, accredited by administrators and suitable for patients”. The guideline is characterized by using more standard terminology, adding evidence of evidence-based medicine and emphasizing practicability and popularity, which makes it well accepted by most experts.

The guideline is a declaration file based on available research evidences and specific methods rather than medical behavior standards or regulations. Clinical practitioners could regard the guideline as reference and make the individualized treatment according to the combination of concrete clinical situations and the guideline.

International Clinical Practice Guideline of Chinese Medicine Anterior Uveitis

1 Scope

This guideline provides the basic requirements of the diagnosis, differentiation and treatment for anterior uveitis.

As a diagnosis and treatment basis for anterior uveitis, this guideline applies to TCM ophthalmologist, combined Chinese and Western medicine ophthalmologist at various levels. This guideline can also be a reference for Western medicine ophthalmologist or doctors of other TCM departments.

2 Normative References

Terms and articles cited in this guideline come from following standards, which are all valid in guideline's publication. All following standards will be revised and the guideline users may consult the latest version of the following standards.

GB/T 16751.1-1997 Clinic terminology of traditional Chinese medical diagnosis and treatment-Diseases

GB/T16751.2-1997 Clinic terminology of traditional Chinese medical diagnosis and treatment-Syndrome

GB/T16751.3-1997 Clinic terminology of traditional Chinese medical diagnosis and treatment-Therapeutic methods

ZYYXH/T41-2008 Guidelines for Diagnosis and Treatment of Common Internal Diseases in Chinese Medicine-Diseases of Chinese Medicine

ZY / T001.1 Diagnosis and treatment efficacy standard of Chinese medical syndrome

SCM 0002-2007 Chinese-English International Standard for Basic Terminology of Traditional Chinese Medicine

"WHO International Standards for Traditional Medical Terminology in the Western Pacific Region"

3 Terms and Definitions

The following terms and definitions apply for this document.

anterior uveitis

Anterior uveitis is the disease mainly located in the front of the uveitis, including iriditis, iridocyclitis, and anterior cilitis, clinical treatment according to the course of disease is divided into acute, chronic and recurrent, anterior uveitis is the most common type of uveitis.

4 Diagnosis

4.1 Typical clinical presentation

The common symptoms are sudden onset, mostly monocular onset, with symptoms of red eye, eye pain, photophobia and tears, but these symptoms can be very different in different patients and different stages of the disease. Most of the patients have blurred vision symptoms, especially those with reactive macular edema and optic papilla edema. The inflammatory reaction of the anterior chamber is serious, ciliary hyperemia can be seen in the eye examination (mixed hyperemia may occur in severe cases), the cornea is usually transparent, and some patients may have corneal endothelial wrinkles and dusty corneal posterior deposits（+～++++），anterior chamber benefly（+～+++），Anterior chamber inflammatory cells（++～++++），Some patients may have protein aggregates, cellulosic exudates (membranes), or even pus in the anterior chamber. Iris can occur posterior adhesion, pupil size, pupil deformation, intraocular pressure is usually normal, but also slightly decreased, a few patients due to cellulose exudation, inflammatory cell debris blocked chamber Angle, may appear increased intraocular pressure. If you can see the vitreous, you can find cells and opacity in the anterior vitreous. although reactive macular edema and optic papilla edema occasionally occur, there are no retinopathy and choroidopathy in the fundus.

4.2 Medical history and other examinations

4.2.1 Carefully ask about the history of lumbosacral pain, peripheral arthritis, gastrointestinal lesions, genitourinary system infections, etc. If the medical history suggests that it may be accompanied by serum-negative spondyloarthropathy, inflammatory intestinal disease and psoriatic arthritis, it is recommended to go to the relevant department for examination to determine the concomitant systemic disease.

4.2.2 For those suspected to be caused by infection factors, relevant examinations should be carried out to identify or rule out the corresponding infectious diseases.

4.2.3 HLA-B27 antigen was determined. The detection of erythrocyte sedimentation rate, C-reactive protein content and white blood cell count are helpful to evaluate the presence of systemic lesions. According to the situation, it is feasible to check

UBM, OCT, FFA, etc.

5 Syndrome Differentiation

5.1 Wind-heat of liver channel

Come on quickly, myosis, photophobia , tears, eye pain, headache, frontal headache, blurred vision, ciliary injection or mixed injection, anterior chamber KP, aqueous humor turbidity, iris swelling, fever, fear of wind, oral and genital ulcers, stiff neck, red tongue, tongue body with white or yellow coating, and slippery pulse.

5.2 Heat of liver and gallbladder

This disease is more commonly seen in the early and middle stage of acute anterior inflammation. myosis, eye pain, vision loss, photophobia, scorching, and tearfulness, ciliary injection or mixed injection, anterior chamber KP, aqueous humor turbidity, hypopyon, anterior chamber hyphema. Mouth bitter pharynx dry, restless, constipation, urine yellow , sore tongue, tongue with yellow and rough coating , and stringy pulse.

5.3 Rheumatism with heat

Come on or urgent or slow, myosis, not round pupil, eye pain, vision loss, muscae volitantes, photophobia, tearfulness, persistent or recurrent attacks ciliary injection or mixed injection，anterior chamber KP，aqueous humor turbidity，iris swelling，often accompanied with dizziness, weak，joints ache，dysuria, burning sensation during urination，red tongue, tongue with yellow greasy coating, slip number pulse.

5.4 Pattern of yin deficien

Develop very slowly or later stages of the disease,myosis, not round pupil，eye pain tends to come and go,dry eyes，vision loss。less inflammation in the eyes,dizziness and tinnitus,mouth dryness dry throat,dysphoria in chestpalms-soles，insomnia and dreamful sleep，red tongue, tongue with little or dry coating, thready rapid pulse.

6 Treatment

6.1 Therapeutic Principles and Methods

Anterior uveitis acute phase should control symptoms, reduce complications, appropriate combination of Chinese and western medicine treatment, choose therapy such as pupil dilation and glucocorticoid eye drops according to the condition, the etiology of this disease is complex, if combined with systemic disease,

when necessary, the relevant departments comprehensive treatment.

6.2 Treatment according to syndrome Differentiation

6.2.1 Wind-heat of liver channel

Therapeutic methods: dispelling wind and clearing heat

Formula and herbs: Modified Bupleurum and Coptis Decoction（ophthalmology Zuanyao）modified。

Common Drugs： Chaihu(Chinese Thorowax Root)Huanglian(Golden Thread), Huangqin(Baical Skullcap Root), Chishao(Red Peony Root), Manjingzi(Shrub Chastetree Fruit), Shanzhisi(Cape Jasmine Fruit), Longdancao(Chinese Gentian), Mutong(Armand Clematis Stem), Gancao(Liquorice Root), Jingjie(Fineleaf Schizonepeta Herb), Fangfeng(Divaricate Saposhnikovia Root).**(Level of evidence Ⅰb, high priority)**

Addition and subtraction: If the conjunctival hyperemia or pain is severe, you can choose to add Shengdi（Unprocessed Rehmannia Root）, Danpi（Three Peony Root Bark）, cool blood and promote blood circulation, enhance the effect of relieving hyperemia and pain.

6.2.2 Heat of liver and gallbladder

Therapeutic methods: purging liver and gallbladder

Formula and herbs: Gentian Liver Draining Decoction（Golden Mirror of the MedicalAncestors）modified

Common Drugs： Longdancao(Chinese Gentian), Chaozhizi(Cape Jasmine Fruit), Chaihu(Chinese Thorowax Root), Huangqin(Baical Skullcap Root), Cheqianzi(Plantain Seed), Mutong(Armand Clematis Stem), Shengdi(Unprocessed Rehmannia Root), Zexie(Oriental Waterplantain Rhizome), Shenggancao(Liquorice Root), Zhimu(Common Anemarrhena Rhizome),Chishao(Red Peony Root), Danpi(Tree Peony Root Bark). **(Level of evidence Ⅰb, high priority)**

Addition and subtraction: If the conjunctival hyperemia or pain is severe, or there is bloody KP, you can choose to add Danpi(Three Peony Root Bark), Chichao(Red Peony Root), Pu Huang(Cattail Pollen) to cool blood and promote blood circulation or stop bleeding. If thirst and constipation, add Shigao(Gypsum), Zhimu (Common Anemarrhena Rhizome), Dahuang(Rhubarb) to clearing heat.

6.2.3 Rheumatism with heat

Therapeutic methods: remove wind, heat and humidity

Formula and herbs: Yiyangjiulian Decoction（Yuanjiqiwei）modified

Common Drugs： Shengdi(Unprocessed Rehmannia Root), Duhuo(Doubleteeth

Pubescent Angelica Root), Huangbo(Amur Cork Tree), Fangfeng(Divaricate Saposhnikovia Root), Zhimu(Common Anemarrhena Rhizome), Manjingzi(Shrub Chastetree Fruit), Qianhu(Hogfennel Root), Qianghuo(Incised Notopterygium Rhizome and Root), Baizhi(Dahurian Angelica Root), Huangqin(Baical Skullcap Root), Hanshuishi(Calcite), Zhizi(Cape Jasmine Fruit).. **(Level of evidence Ⅰb, high priority)**

Addition and subtraction:For those with severe conjunctival hyperemia or pain, it is appropriate to reduce the pungent warm drugs such as Duhuo(Doubleteeth Pubescent Angelica Root),Qianghuo(Incised Notopterygium Rhizome and Root), Baizhi(Dahurian Angelica Root). If it is used for rheumatism, heat syndrome is not heavy, epigastric stuffy, tongue coating slimy, it is appropriate to subtract Zhimu(Common Anemarrhena Rhizome),Huangbo(Amur Cork Tree),Hanshuishi(Calcite) and other cold and purging fire drugs, appropriately add Houpu(Officinal Magnolia Bark),Fuling(Indian Bread) to smooth the middle and draining dampness.

6.2.4 Pattern of yin deficiency and effulgent fire

Therapeutic methods: nourishing yin and reducing fire

Formula and herbs: ZhiBoDihuang Decoction （Golden Mirror of the Medical Ancestors）modified

Common Drugs：Zhimu(Common Anemarrhena Rhizome), Huangbo(Amur Cork Tree), Shudi(Prepared Rehmannia Root), Shanzhuyu(Asiatic Cornelian Cherry Fruit), Fuling(poria), Zexie(Oriental Waterplantain Rhizome), Danpi(Tree Peony Root Bark), Shanyao(common yam rhizome).（**Level of evidence Ⅳ, low priority**）

Addition and subtraction: If the wind and yang is disturbed, you can add Shi jueming(Abalone Shell),Gouteng(Gambir Plant Nod) to calm the liver and extinguish the wind. If there is deficiency of qi and blood, you can add use Dangshen(Tangshen), Huangqi(Milkvetch Root), Danggui(Chinese Angelica), Baishao(Debark Peony Root), Chuanxiong(Sichuan Lovage Rhizome) as appropriate.

6.3 Traditional Chinese Patent Medicine

Gentian Liver Draining Pills：(granule, capsule, tablet): apply to rheumatism with heat. Oral administration, ① water pills: 3 ~ 6g once, twice a day; ② Big honey pills: 1 ~ 2 pills at a time, twice a day. ③Granule: take it with boiled water, 4 ~ 8g at a time, twice a day. ④ Capsule: oral. 0.25g each capsule, 4 capsules at a time, 3 times a day; 0.45g each capsule, 2 capsules at a time, 3 times a day. ⑤Tablets: oral. 4 tablets at a time, twice a day **(Level of evidence Expert consensus, high priority)**

Zhibodihuang Pills apply to pattern of yin deficiency and effulgent fire. Oral

administration, ① Big honeyed pill: 1 pill once, twice a day;② concentrated pill: 8 pills once, 3 times a day. ③Water honey pills: 6g once, twice a day; Litle honey pills: 9g at a time, twice a day. **(Level of evidence Expert consensus, high priority)**

6.4 Acupuncture therapy

Choose the sicken eye, EX-HN 5, BL 1, BL 2, TE 23, EX-HN 4 as primary points. Heat of liver and gallbladder select LR 3, GB 20, LR 2. Rheumatism with heat select LI 4, LI 11, TE 5. pattern of yin deficiency and effulgent fire select ST 2, SP 6, BL 18。Retaining needle on for 30 minutes. **(Level of evidence Ⅰb, high priority)**

6.5 Chinese medicine wet packing

Jinyinhua(Honeysuckle Flower), Huangqin(Baical Skullcap Root), Lianqiao(Weeping Forsythia Capsule), Longdancao(Chinese Gentian), Jingjie(Fineleaf Schizonepeta Herb), Fangfeng(Divaricate Saposhnikovia Root), Huanglian(Golden Thread), Juhua(Chrysanthemum Flower), Pugongying(Dandelion), Honghua (Safflower) every 10 grams. Add 1000 ml of water and fry for 7 ~ 8 minutes. Pour 200ml water heat and apply wet. 2 to 3 times a day. **(Level of evidence Ⅳ, low priority)**

APPENDIX A

(Informative Appendix)

Evidence Evaluation and Recommendation Principle

A.1 Evaluation and Grade

The evidence classification principle of this document is based on *the composition of Evidence Body of Traditional Medicine and Recommendation for Its Evidence Grading* by Prof Jianping Liu. In addition, if a randomized controlled trial is defined as high risk, its grade recommendation is reduced by one level.

The process of screening and evaluation of the literature is carried out independently by two evaluations. If the views of the two parties are inconsistent, they would resolve through negotiation or adjudication by a third party. See the table below for detail.

Table 1 Evaluation and Grade

Evidence Level	Classification Foundation
Ⅰa	At least two different type of studies consisted of randomized controlled trials, cohort studies, case-control studies, and case series, and the effects of the different studies are consistent
Ⅰb	A single randomized controlled trial with sufficient graspability
Ⅱa	Semi-randomized controlled trials or cohort studies
Ⅱb	Case-control studies
Ⅲa	Case series of historical controls
Ⅲb	Case series of controlled by their own before and after
Ⅳ	The case reports and the therapies of historical records applied in clinical for a long term
V	Expert opinion and clinical experience that have not been systematically validated, as well as case reports and therapies of historical records that are not widely used clinically for a long term

A.2 Recommendation principle

Because the fact that most of studies on the treatment of retinal vein occlusion in TCM are not comprehensive, the design of studies often less standardized, the selection of formula is diverse, and the efficacy standard is not uniform, which attributed to the outcome bias. Therefore, all the evidences of this document are required to obtain expert consensus before being included into the recommendation.

The recommendation grading criteria on the current guideline are generally recommended for evidence based on the recommended strength level criteria developed by the GRADE (Grading of Recommendations Assessment, Development and Evaluation) team, which is divided into strong and weak levels. When the

evidence clearly shows the advantages or disadvantages of the intervention, it can be classified as a high priority by groups of this guideline, while the pros and cons are uncertain in a study or when the quality of the evidence shows the pros and cons are equivalent, it can be considered as a low priority. In view of the above, this guideline stipulates that if the evidence is level I and obtain expert consensus, then it is considered to be a high priority. If the evidence is level II and obtain expert consensus, it is considered to be a low priority.

APPENDIXB

(Informative Appendix)

Announcement of Interest Conflicts and Fund Sources

International Clinical Practice Guideline of Chinese Medicine Retinal Vein Occlusion was undertaken by Ophthalmology Committee commissioned by WFCMS, and was made by several unites in the compilation.There was not any fund sources or interest conflicts. In order to prevent conflicts of interest during the preparation of this document, all members participating in the guideline work had signed a conflict of interest statement. The review by the ethics committee did not reveal any clear commercial, professional, or other interests related to the subject of this document, and all conflicts of interest that may be affected by the results of this document.

Bibliography

[1] Peizeng Yang. Diagnosis and treatment of uveitis [M]. Beijing： People's sanitary publishing press,2009.

[2] Kanxing Zhao, Peizeng Yang . Ophthalmology [M], Beijing： People's sa nitary publishing press,2013.

[3] Junguo Duan. Traditional Chinese medicine ophthalmology[M]. Beijing： People's sanitary publishing press,2012.

[4] Ophthalmology Group, Ophthalmology Branch, Chinese Medical Associati on. Expert consensus on clinical diagnosis and treatment of acute ante rior uveitis in China (2016) [J]. Chinese Journal of Ophthalmology, 201 6,52(3):164-166.

[5] Yang Peizeng. Uveitis [M]// Zhao Kanxing, Yang Peizeng. Ophthalmology. 8th edition. Beijing: People's Medical Publishing House, 2013: 182–19 5.

[6] Ming Jin. Clinical Application Guide of Chinese Patent Medicine Ophthal mology [M]. Beijing: China Medical Press, 2016; 98-104.

[7] Ming Jin. Interpretation of Ophthalmic Diseases in Clinical Diagnosis an d Treatment Guidelines of Traditional Chinese Medicine [M]. Beijing: C hina Traditional Chinese Medicine Press, May 50-78, 2015.

[8] Ming Jin. TCM clinical thinking and evidence-based research on uveitis [J]. Journal of traditional chinese ophthalmology, 2022,04:253-256.

[9] Xi-ming Xu. Clinical observation of traditional Chinese medicine in the treatment of acute anterior uveitis [J]. Inner Mongolia Traditional Chin ese Medicine,2014,10(26):18-19.

[10] Maoguo Ye, Daijun Yao. Clinical observation on the treatment of idiop athic acute preuveitis with combination of Traditional Chinese and We stern medicine [J]. Asian-pacific Traditional Medicine,2013,9 (7):169-17 0.

[11] Fenyu Ma. Clinical observation of iridocyclitis treated with combinatio n of Traditional Chinese and Western medicine [J]. Journal of Shanxi University of Traditional Chinese Medicine,2010,11 (6):24-25.

[12] Shanmeng Hu, Nanzhu Wei, Zhengming Liu, Yan Zhao. Clinical observ ation of 32 cases of uveitis treated by combination of Traditional Chin ese and Western medicine .

[13] Yujie Li, Xudong Han, Futian Liu . Treatment of 50 cases of iridocycli tis by Longdan Xiegan Decoction [J]. Chinese folk therapy,2014,22(9): 49.

[14] Longmei Zhao Longmei. Clinical study on acupuncture treatment of ti ght pupil (acute anterior uveitis) based on syndrome differentiation [D]. Changchun University of traditional Chinese Medicine, 2016.
[15] Guanyu Han, Hongsheng Bi, Xiaofeng Xie. Clinical study on uveitis bef ore acupuncture combined with local hormone therapy [J]. Journal of Changchun University of Chinese Medicine,2012,28 (6):995-996.
[16] Haiyan Wang. Clinical observation of Chinese and Western medicine c ombined with acupuncture in the treatment of acute iridocyclitis [J]. T he Chinese and foreign medical,2013,10(28):140-141.
[17] Zhihui Lin. Clinical observation on fumigation of eyes with Traditional Chinese medicine in the treatment of Uveitis [J]. Chinese Practical m edicine,2014,9(29):145.
[18] Hong Li Hong. Yiyang Jiulian Powder combined with western medicin e to treat 30 cases of acute anterior uveitis of rheumatism and heat entrainment type [J]. Research of traditional Chinese Medicine, 2019, 0 6: 15-18.
[19] Huang Xiaoyun Huang. Clinical observation of Yiyang Jiulian Powder c ombined with western medicine in the treatment of acute anterior uv eitis [J]. Electronic Journal of Modern Medicine and Health Research, 2022, 17-20.
[20] Liu Jianghua Liu. Clinical observation of TCM syndrome differentiation combined with western medicine in the treatment of anterior uveitis [D]. Nanjing University of traditional Chinese Medicine, 2017.
[21] Huang Rong Huang, Luo Jihong, Li Liangchang, Li Dujun. Clinical stud y of Longdan Xiegan decoction in the treatment of fiery anterior uveit is of liver and gallbladder [J]. Hubei Journal of traditional Chinese Me dicine, 2015. ,08:34-35.
[22] Zengqiang. The Clinical Observation of Newly-made Chailian decoction on the Patients with Anterior Uveities(AU) ,Liver-meridian Wind-heat syndrome [D] . Hunan University of Traditional Chinese Medicine,200 9