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世界中医药学会联合会

World Federation of Chinese Medicine Societies

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国际中医临床实践指南 痛风

International Clinical Practice Guideline of Chinese Medicine Gout

(征求意见稿)

(Committee Draft)

世界中联国际组织标准

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前言

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引言

痛风是严重危害人类健康的代谢性风湿疾病，在全球范围内具有较高的患病率、致残率和疾病负担。现行国际临床实践指南从痛风的诊断、治疗和管理等方面提出了建议。中国制定的痛风临床实践指南涵盖范围更广，中医防治策略得到更多地重视。

随着中医药在全球的影响力不断增加，迫切需要完善中医药诊疗策略，为国际中医从业者提供临床实践指南。中医或中西医结合痛风指南从病证结合角度给出了相应的推荐意见，但对于具体的中医分阶段防治方案未给出具体的推荐意见。为此，充分考虑中医诊治痛风的临床实际，收集评估中医药治疗痛风的证据，咨询海内外专家后，本文件从痛风不同疾病分期上总结中医药的防治方案与推荐意见，为国际中医、中西医临床医师在痛风诊疗中提供参考。

本文件是依据现有的研究证据、特定的方法制定出的声明性文件，不是医疗行为的标准或规范。临床医师可参考本文件结合患者具体情况制定个性化治疗方案。

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国际中医临床实践指南 痛风

1 范围

本文件规定了痛风的术语和定义、证候诊断、中医治疗方案等内容。

本文件适用于各临床分期的痛风患者。本文件供国际中医、中西医临床医师进行痛风诊疗时参考使用。

2 规范性引用文件

下列文件中的内容通过文中的规范性引用而构成本文件必不可少的条款。其中，注日期的引用文件，仅该日期对应的版本适用于本文件；不注日期的引用文件，其最新版本（包括所有的修改单）适用于本文件。

GB/T 20348-2006	中医基础理论术语
GB/T16751.2-2020	中医临床诊疗术语 第2部分: 证候
ICD-11	International Classification of Diseases 11th Revision

3 术语和定义

下列术语和定义适用于本文件。

3.1

痛风

一种单钠尿酸盐沉积在关节所致的晶体相关性关节病^[1-4]。

注：与嘌呤代谢紊乱和/或尿酸排泄减少所致的高尿酸血症直接相关。

3.2

高尿酸血症

嘌呤代谢障碍和/或尿酸排泄减少引起的代谢性疾病^[1-4]。

4 诊断

4.1 西医诊断

痛风的症状、体征及诊断条件，见附录 A。

4.2 疾病分期

4.2.1 高尿酸血症期

血尿酸水平升高，而临床尚未出现急性痛风性关节炎发作或尿酸性结石的时期^[1-11]。

4.2.2 急性痛风性关节炎期

痛风性关节炎突然发作，多发生在夜间，起病急骤，疼痛进行性加剧，12小时左右达

高峰；疼痛呈撕裂样、刀割样或咬噬样，难以忍受；受累关节及周围软组织红肿，皮温升高，触痛明显的时期^[1-11]。

4.2.3 痛风间歇期

两次急性痛风性关节炎发作之间，偶有炎症区皮肤色素沉着的时期^[1-11]。

4.2.4 慢性痛风性关节炎期

痛风急性发作缓解后患者长期血尿酸未受控制，出现关节持续性疼痛，或伴有痛风石出现的时期^[1-11]。

4.2.5 痛风性肾病期

微小的尿酸盐结晶沉积于肾间质，导致慢性肾小管-间质肾炎引起肾小管萎缩变形、间质性纤维化，导致肾功能不全的时期^[1-11]。

4.3 中医诊断

注：痛风不同分期的中医诊断常见证候见附录 B。

4.3.1 高尿酸血症期

4.3.1.1 湿浊内蕴证

形体肥胖；肢体困重；嗜食肥甘；口腻不渴；大便黏滞。舌淡胖，或有齿痕，苔白腻，脉滑。

4.3.1.2 肝郁脾虚证

胸胁不舒，心烦眠差；脘痞腹满；便溏滞。舌偏暗，或有齿痕，苔腻，脉弦或弦细。

4.3.2 急性痛风性关节炎期

4.3.2.1 湿热阻络证

关节红肿热痛，按则痛甚，得凉则舒；心烦口渴；小便黄赤，大便粘滞。舌红，苔黄腻，脉滑数。

4.3.2.2 寒湿郁热证

关节肿痛，局部灼热；恶风寒，肢体沉重酸楚；大便溏滞。舌暗，苔腻黄白相间，脉弦紧或弦数。

4.3.3 痛风间歇期

4.3.3.1 湿浊内阻证

关节酸楚，肢体困重；形体肥胖；口腻不渴；大便黏滞。舌体胖，或有齿痕，苔白腻，脉滑。

4.3.3.2 脾虚湿阻证

关节酸楚；肢体困重；胸脘痞闷；形体偏胖；纳少；大便溏滞。舌暗或伴有齿痕，苔腻，脉濡或滑。

4.3.3.3 肾虚浊阻证

关节酸楚；腰膝酸软；神疲乏力；头晕耳鸣；小便不利或清长；大便溏滞。舌体胖质暗，苔腻，脉沉缓或沉细。

4.3.4 慢性痛风性关节炎期

4.3.4.1 浊瘀阻络证

关节肿痛，迁延反复；皮色暗红或局部硬结，甚则关节畸形。舌紫暗，苔腻，脉弦或涩。

4.3.4.2 脾虚湿热阻络证

关节肿痛，迁延反复；皮色红，局部烘热或伴硬结，神疲身重；脘腹痞满，大便粘滞。舌暗红，苔黄腻，脉滑数。

4.3.4.3 肾虚浊瘀阻络证

关节肿痛，迁延反复，屈伸不利，甚或僵硬或畸形；皮色暗，局部硬结；神疲腰酸；小便不利或清长。舌暗，苔腻，脉沉迟或沉细。

4.3.5 痛风性肾病期

4.3.5.1 肾虚浊瘀证

神疲腰酸；关节隐痛或伴硬结；肢体浮肿；小便不利或清长或浑浊。舌暗，苔腻，脉沉。

4.3.5.2 脾肾亏虚证

神疲身困；肢体酸楚；关节隐痛或伴硬结；腹满便溏；小便不利或清长。舌暗，苔腻，脉沉缓。

5 病因病机

痛风的病因病机^[12-18]，见附录 C。

6 治疗

6.1 治疗原则

痛风总的治疗原则是关节炎发作期以治标为准，缓解期则标本兼顾。以关节肿痛为主诉阶段：急性关节肿痛期，以清热利湿为主，或散寒清利并用，尽快实现除痹镇痛目的；慢性关节肿痛期，清热利湿或散寒清利，祛浊与通络并用，减少复发。以尿酸水平异常升高为主诉阶段：均以祛除湿浊为主要目的，兼顾疏肝、运脾或益肾，以稳定降低尿酸水平，避免湿浊复生；痛风性肾病期，则需健脾助运，益肾泌浊，祛除湿浊瘀毒^[1-17]。

6.2 方药治疗

6.2.1 高尿酸血症期

6.2.1.1 湿浊内蕴证

治法：燥湿运脾

处方：平胃散《太平惠民和剂局方》^[18-20]加减（**低质量证据；强推荐**）

药物：苍术、厚朴、陈皮、炙甘草；加土茯苓、薏苡仁、姜半夏

6.2.1.2 肝郁脾虚证

治法：疏肝运脾

处方：柴胡疏肝散《景岳全书》加减（**低质量证据；弱推荐**）

药物：柴胡、白芍、川芎、香附、陈皮、枳壳、炙甘草；加土茯苓、薏苡仁、苍术

6.2.2 急性痛风性关节炎期

6.2.2.1 湿热阻络证

治法：清热利湿，通络止痛

处方：四妙散《成方便读》^[21-22]加减（**中等质量证据；强推荐**）

药物：苍术、黄柏、薏苡仁、川牛膝；加青风藤、忍冬藤、汉防己

6.2.2.2 寒湿郁热证

治法：散寒除湿通络，兼清郁热

处方：乌头汤《金匮要略》加减（**低质量证据；强推荐**）

药物：制川乌，生黄芪，生白芍，炙麻黄，蜂蜜，炙甘草；加生石膏、青风藤、忍冬藤

6.2.3 痛风间歇期

6.2.3.1 湿浊内蕴证

治法：燥湿运脾

处方：平胃散《太平惠民和剂局方》^[18-20]加减（**低质量证据；强推荐**）

药物：苍术、厚朴、陈皮、炙甘草；加土茯苓、薏苡仁、姜半夏、青风藤

6.2.3.2 脾虚湿阻证

治法：运脾除湿，祛浊通痹

处方：祛浊通痹方^[23-24]加减（**低质量证据；强推荐**）

药物：土茯苓、炒薏苡仁、炒白芍、玉米须；加川萆薢、豨莶草、姜黄、桑寄生、延胡索、佛手、忍冬藤

6.2.3.3 肾虚浊阻证

治法：益肾泌浊

处方：萆薢分清饮《杨氏家藏方》^[25-29]加减（**低质量证据；弱推荐**）

药物：萆薢、益智仁、石菖蒲、乌药；加土茯苓、薏苡仁、玉米须、延胡索

6.2.4 慢性痛风关节炎期

6.2.4.1 浊瘀痹阻证

治法：泄浊祛瘀，通络止痛

方药：上中下通用痛风方《丹溪心法》^[30-35]加减（**中等质量证据；强推荐**）

药物：苍术、制天南星、羌活、白芷、桂枝、威灵仙、黄柏、龙胆草、桃仁、红花、川芎、汉防己、神曲

6.2.4.2 脾虚湿热阻络证

治法：运脾化湿，清热通络

方药：防己黄芪汤《金匮要略》^[36-37]合四妙散《成方便读》^[21-22]加减（**低质量证据；强推荐**）

药物：生黄芪、汉防己、炒白术、黄柏、苍术、薏苡仁、川牛膝、生姜、大枣、炙甘草；加忍冬藤

6.2.4.3 肾虚浊瘀阻络证

治法：温肾化浊，祛瘀通络

方药：济生肾气丸《济生方》^[38-39]合桃红四物汤《医宗金鉴》加减（**低质量证据；弱推荐**）

药物：炮附子、肉桂、熟地黄、山药、山茱萸、茯苓、泽泻、牡丹皮、川牛膝、车前子、桃仁、红花、当归、川芎、炒白芍

6.2.5 痛风性肾病期

6.2.5.1 肾虚浊瘀证

治法：益肾泌浊，通瘀利水

方药：济生肾气丸《济生方》^[38-39]合桂枝茯苓丸《金匮要略》加减（**低质量证据；弱推荐**）

药物：炮附子、桂枝、熟地黄、山药、山茱萸、茯苓、泽泻、牡丹皮、川牛膝、车前子、赤芍、桃仁；加制大黄、六月雪

6.2.5.2 脾肾亏虚证

治法：健脾益肾，祛湿化浊

方药：防己黄芪汤《金匮要略》^[36-37]合草薢分清饮《杨氏家藏方》^[25-29]加减（**低质量证据；弱推荐**）

药物：生黄芪、汉防己、炒白术、草薢、益智仁、石菖蒲、乌药、生姜、炙甘草、大枣；加制大黄、六月雪

6.3 中成药治疗

6.3.1 参苓白术散/丸

功效：益气健脾，渗湿止泻。可用于治疗痛风偏脾虚证^[40-42]（**低质量证据；弱推荐**）。口服，一次 6g，一日 2~3 次。

6.3.2 金匮肾气丸

功效：温补肾阳，化气行水。可用于治疗痛风偏肾虚证^[43-44]（**低质量证据；弱推荐**）。口服，水蜜丸一次 4~5g（20~25 粒），大蜜丸一次 1 丸，一日 2 次。

6.3.3 四妙丸

功效：清热利湿。可用于治疗痛风偏湿热证^[45]（**低质量证据；弱推荐**）。口服，一次 6g，一日 2 次。

6.3.4 正清风痛宁缓释片

功效:祛风除湿,活血通络,利水消肿。可用于痛风偏风湿阻络证^[46](**低质量证据;弱推荐**)。口服,每次1~2片,一日2次。

6.3.5 当归拈痛丸

功效:利湿清热,祛风止痛。可用于治疗痛风偏湿热证^[47](**极低质量证据;弱推荐**)。口服,一次9g,一日2次。

6.3.6 萆薢分清丸

功效:分清化浊,温肾利湿。可用于治疗痛风偏肾虚浊阻证^[48](**低质量证据;弱推荐**)。口服,一次6~9g,一日2次。

6.4 非药物治疗

6.4.1 针刺

针刺治疗急性痛风性关节炎期或慢性痛风性关节炎期能提高临床总有效率,降低疼痛评分,降低复发率,安全性较好^[49-53]。(中等质量证据;强推荐)

急性痛风性关节炎期常用穴位:阿是穴、三阴交、足三里、阴陵泉、太冲、曲池、合谷、内庭、行间等。

慢性痛风性关节炎期常用穴位:足三里、三阴交、阴陵泉。痰瘀痹阻证可配伍血海;脾肾亏虚证可配伍太溪、照海。

6.4.2 刺络放血

刺络放血疗法治疗急性痛风性关节炎期可以缓解疼痛,提升有效率和治愈率,安全性好^[54]。(中等质量证据;强推荐)

常用穴位:阿是穴、太冲、行间、内庭、委中等。

6.4.3 火针点刺

火针点刺治疗急性痛风性关节炎期提高总有效率,减轻疼痛,降低关节疼痛、肿胀评分^[55-57]。(中等质量证据;弱推荐)

常用穴位:阿是穴作为主穴;累及踝关节者可加悬钟、昆仑、太溪;跖趾关节肿痛者可加大都、行间。

6.4.4 耳穴疗法

耳穴贴压治疗痛风可减轻疼痛^[58-63]。(低质量证据;弱推荐)

常用耳穴:内分泌、脾、肾、枕、输尿管、膀胱、内生殖器对应穴。常使用王不留行籽贴敷对应耳穴。

6.4.5 中药外敷

中药外敷治疗痛风能提高临床总有效率,降低关节疼痛、肿胀评分^[64-65]。(低质量证据;强推荐)

常用药物:金黄膏(天花粉、姜黄、白芷、苍术、制天南星、甘草、大黄、黄柏、厚朴、陈皮、麻油、黄丹);四黄散(黄连、黄柏、黄芩、大黄、滑石、五倍子);双柏膏(大黄、黄柏、侧柏叶、泽兰、薄荷)。

6.4.6 中药熏洗

中药熏洗治疗急性痛风性关节炎能提高有效率，降低关节疼痛评分^[66-72]。（**低质量证据；强推荐**）

常用药物：清热通痹汤（泽泻、萆薢、大黄、炙甘草、赤芍、独活、苍术、黄柏、牛膝、白扁豆、葛根、薏苡仁、秦艽、桑枝），四妙散（苍术、黄柏、牛膝、薏苡仁）等适用于痛风偏湿热者；痛风性关节炎足浴散剂（制川乌、制草乌、北细辛、冰片、鸡血藤、生麻黄、忍冬藤、石膏、紫草）适用于痛风偏寒湿郁热者。

6.4.7 辨证施膳

辨证施膳治疗痛风可降低血尿酸水平，减轻疼痛评分^[73-76]。（**低质量证据；强推荐**）

常用药膳有：百合薏苡仁茯苓粥等。

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附录 A
(资料性)
痛风症状、体征及诊断条件

A.1 症状和体征^[77]

(1) 有以下情况之一应怀疑痛风：第一跖趾关节迅速出现剧烈疼痛并伴有红肿（通常在夜间）；出现痛风石。

(2) 痛风通常发作迅速（通常在夜间出现），除了第一跖趾关节以外，其他关节如足中部、踝关节、膝关节、手、腕关节、肘关节出现剧烈疼痛、红肿或肿胀，应考虑痛风的可能。

(3) 对于出现关节疼痛、红肿、肿胀的患者，需评估化脓性关节炎、焦磷酸钙晶体沉积和炎症性关节炎的可能性。

(4) 如果怀疑是化脓性关节炎，应立即转诊。

(5) 对于出现慢性炎症性关节痛的患者，应考虑慢性痛风性关节炎。

(6) 对于痛风疑似患者，应详细了解病史并进行体格检查，并且评估症状和体征。

A.2 诊断条件^[77]

(1) 对于有痛风症状和体征的患者，应测量血尿酸水平以明确临床诊断：血尿酸水平 $\geq 360\mu\text{mol/L}$ (6 mg/dl)，如果在发作期间血尿酸水平低于 $360\mu\text{mol/L}$ (6 mg/dl)，并且强烈怀疑痛风，则在病情稳定至少 2 周后重复测量血尿酸水平。

(2) 如果痛风的诊断仍然不明确，可考虑关节穿刺和显微镜检查关节液。

(3) 如果无法进行关节抽吸或痛风诊断仍然不确定，可考虑用 X 射线、超声或双能计算机断层扫描 CT 成像对受影响的关节进行影像学检查。

附录 B
(资料性)
中医诊断常见证候

B.1 高尿酸血症期

高尿酸血症期的常见证候为湿浊内蕴证，肝郁脾虚证^[1-11]。（专家共识；强推荐）

B.2 急性痛风性关节炎期

急性痛风性关节炎的常见证候为湿热阻络证，寒湿郁热证^[1-11]。（专家共识；强推荐）

B.3 痛风间歇期

痛风间歇期的常见证候为湿浊内蕴证，脾虚湿阻证，肾虚浊阻证^[1-11]。（专家共识；

B.4 慢性痛风性关节炎期

慢性痛风性关节炎期的常见证候为浊瘀痹阻证，脾虚湿热阻络证，肾虚浊瘀阻络证^[1-11]。（专家共识；强推荐）

B.5 痛风性肾病期

痛风性肾病期的常见证候为肾虚浊瘀证，脾肾亏虚证^[1-11]。（专家共识；强推荐）

附录 C
(资料性)
病因病机与治疗原则

C.1 病因病机

痛风的核心病机可归纳为浊、瘀、虚。

痛风多因先天禀赋异常，或后天精神压力大、缺乏运动，或过食肥甘厚味，致脾胃运化失司，酿生湿浊，则临床出现高尿酸血症期。

若高尿酸血症期未及时治疗，湿浊流注经络，沉积关节，郁而化热；或受外感风寒湿邪等引动，则易诱发急性痛风性关节炎。

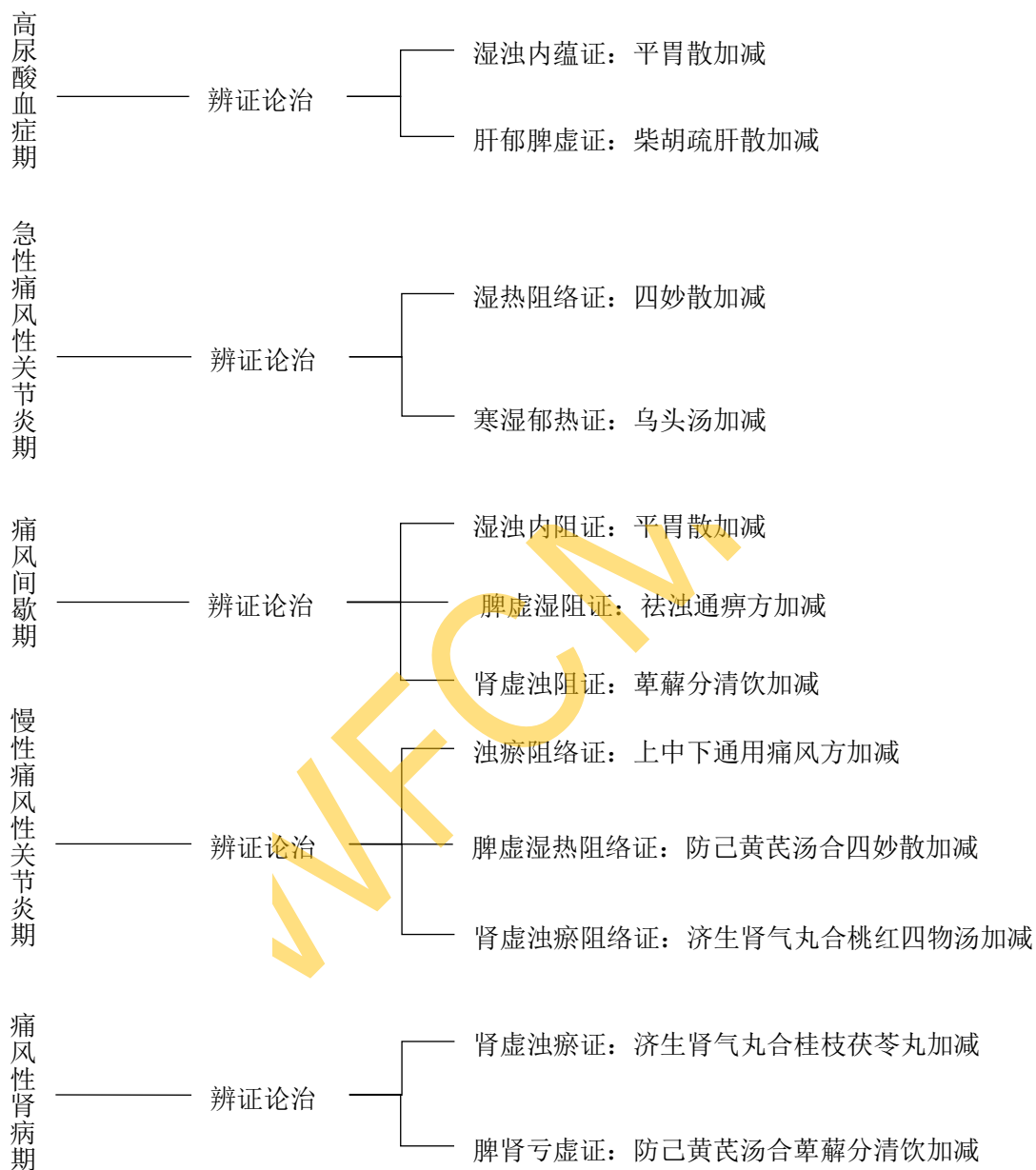
若急性痛风性关节炎期缓解后，但肝郁不舒或脾虚失运，湿浊复生，进入痛风间歇期。

若痛风间歇期未得到有效治疗，湿浊加重，溢流经络，沉积关节，久郁化瘀生热，或受外邪引动复发，关节肿痛迁延反复，形成慢性痛风性关节炎期。

痛风迁延不愈，湿浊内蕴，化瘀酿毒，脾虚及肾，引起脾肾运化及泌别清浊功能失司，则临床表现为痛风性肾病期。

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附录 D
 (规范性)
 痛风中医治疗模式



中成药治疗

- 参苓白术散/丸：痛风偏脾虚证
- 金匮肾气丸：痛风偏肾虚证
- 四妙丸：痛风偏肾虚证
- 正清风痛宁缓释片：痛风偏风湿阻络证
- 当归拈痛丸：痛风偏湿热证
- 萆薢分清丸：痛风偏肾虚浊阻证

非药物治疗

- 针刺
- 刺络放血
- 火针点刺
- 耳穴疗法
- 中药外敷
- 中药熏洗
- 辨证施膳

附录 E
(资料性)
证据质量分级及推荐强度定义

E.1 GRADE 证据质量分级及定义

本指南采用 2004 年制订的推荐分级的评估、制定和评价 (The Grading of Recommendations Assessment Development and Evaluation, GRADE) 标准进行证据质量分级。

表 E.1 GRADE 证据质量分级及定义

质量等级	定义
高质量	非常确信观察值接近真实值，进一步研究不大可能改变观察值可信度。
中等质量	对观察值有中等强度信心：真实值可能接近观察值，但仍存在两者不同的可能性，进一步研究可能改变观察值可信度，且可能改变观察值结果。
低质量	对观察值的信心程度有限：真实值可能与观察值差别很大，进一步研究极有可能改变观察值的可信度，且很可能改变该观察值结果。
极低质量	对观察值几乎没有信心：真实值很可能与观察值不同，真实值可能与观察值有很大差别，观察值的结果很不确定。

E.2 推荐意见强度的定义

本指南推荐强度标准综合相关指南、系统评价、临床研究等当前最佳证据，结合患者意愿与干预成本，综合权衡后作出推荐强度。

表 E.2 推荐意见强度的定义

推荐强度	定义
强推荐	对于临床医生，多数医生会选择使用该推荐意见；对于患者，绝大多数患者会采纳推荐意见，只有少数不会；对于政策制定者，大多数情况会采纳推荐意见作为政策。
弱推荐	对于临床医生，应认识到不同患者有各自适合的方案，需要帮助每个患者做出体现其价值观和意愿的决定；对于患者，大多数患者会采纳推荐意见，但仍有不少患者不采用；对于政策制定者，制定政策需要实质性讨论，并需要众多利益相关参与。

参考文献

- [1] 徐东,朱小霞,邹和建,等. 痛风诊疗规范[J]. 中华内科杂志, 2023,62(9):1068-1076.
- [2] 姜泉,韩曼,唐晓颇,等. 痛风和高尿酸血症病证结合诊疗指南[J]. 中医杂志, 2021,62(14):1276-1288.
- [3] 倪青. 高尿酸血症和痛风病证结合诊疗指南(2021-01-20)[J]. 世界中医药, 2021,16(02):183-189
- [4] 刘维. 痛风及高尿酸血症中西医结合诊疗指南[J]. 中医杂志, 2023,64(01):98-106.
- [5] 方宁远,吕力为,吕晓希,等. 中国高尿酸血症相关疾病诊疗多学科专家共识(2023年版)[J]. 中国实用内科杂志, 2023,43(06):461-480.
- [6] 范永升. 中西医结合临床风湿病学[M]. 中医药出版社, 2021.
- [7] 路志正,焦树德. 实用中医风湿病学[M]. 人民卫生出版社, 1996.
- [8] 阎小萍. 常见风湿病诊治手册[M]. 中国医药科技出版社, 2011.
- [9] 郑筱萸. 中药新药临床研究指导原则[M]. 中国医药科技出版社, 2002.
- [10] 国家中医药管理局. 中医病证诊断疗效标准[M]. 南京大学出版社, 1994.
- [11] 姚乃礼. 中医证候鉴别诊断学[J]. 人民卫生出版社, 2002.
- [12] 谭祖教,李倩倩,吴德鸿,等. 从玄府论治原发性痛风[J]. 中医杂志, 2019,60(22):1978-1980.
- [13] 段巧,闻向晖,骆文青,等. 间歇期痛风脾虚湿困与肠道菌群的关系[J]. 中医杂志, 2019,60(20):1728-1731.
- [14] 刘秋萍,吕惠卿,何志兴,等. 痛风的中医证候演变规律探析[J]. 浙江中医杂志, 2019,54(03):183-184.
- [15] 余怡然,何莉娇,李海昌,等. 从“湿痰瘀”论痛风治法的古今演变[J]. 中国中医急症, 2019,28(01):147-149.
- [16] 刘芬芬,羊维,李海昌,等. 基于“内湿致痹”理论探讨湿与痛风的关系[J]. 中国中医急症, 2015,24(01):96-98.
- [17] 黄琳,刘芬芬,鲍玺,等. 温成平教授内外结合分期治疗痛风性关节炎经验[J]. 中国中医急症, 2014,23(12):2223-2225.
- [18] 刘佳. 平胃散合桂枝芍药知母汤加减治疗慢性痛风性关节炎临床效果观察[J]. 大健康, 2022(7):108-110.
- [19] 李建,张洁瑛,孙鹏,等. 平胃散合桂枝芍药知母汤加减治疗慢性痛风性关节炎的疗效机制[J]. 中国实验方剂学杂志, 2018,24(1):180-185.
- [20] 陆汉祥. 平胃散合桂枝芍药知母汤加减治疗慢性痛风性关节炎临床效果观察[J]. 特别健康, 2019(30):64.
- [21] 谢小超,李光善,刘阳,等. 加味四妙汤治疗湿热蕴结型急性痛风性关节炎临床疗效的 Meta 分析[J]. 中医临床研究, 2022,14(07):130-134.
- [22] 樊一桦,刘维,文心妍,等. 加味四妙散联合秋水仙碱治疗急性痛风性关节炎有效性与安全性 Meta 分析[J]. 天津中医药大学学报, 2022,41(05):602-611.
- [23] 温成平,范永升,谢志军,等. 祛浊通痹颗粒[P]. 浙江省: CN101884749B,2011-09-14.
- [24] Xie Z, Wu H, Jing X, et al. Hypouricemic and arthritis relapse-reducing effects of compound tufuling oral-liquid in intercritical and chronic gout: A double-blind, placebo-controlled, multicenter randomized trial. *Medicine (Baltimore)*. 2017;96(11):e6315.
- [25] 卢嘉琦,吴天成,杨蕾,等. 中医内外合治急性痛风性关节炎 60 例疗效观察[J]. 云南中医中药杂志, 2018,39(11):26-27.
- [26] 张玲玲. 应用萆薢分清饮治疗 28 例痛风性关节炎临床分析[J]. 中外医疗,

- 2019,38(16):184-186.
- [27] 朱文宏, 白金山. 萆薢分清丸治疗高尿酸血症 30 例疗效观察[J]. 临床合理用药杂志, 2017,10(08):45-46.
- [28] 刘淦新. 加味萆薢分清饮治疗高尿酸血症25例[J]. 光明中医, 2011,26(05):957-958.
- [29] 徐朝辉, 李国毅, 赵卿, 等. 二陈汤合萆薢分清饮治疗急性脑梗死伴高尿酸血症痰瘀阻络证患者的临床疗效[J]. 中国实验方剂学杂志, 2023,29(15):79-87.
- [30] 罗正凯, 张凤, 王金环, 等. 上中下通用痛风方治疗急性痛风性关节炎 35 例[J]. 河南中医, 2018,38(09):1381-1383.
- [31] 李晶晶, 郝冬林, 周腊梅, 等. 上中下通用痛风方联合美洛昔康治疗急性痛风性关节炎疗效观察[J]. 现代中西医结合杂志, 2021,30(31):3460-3463+3471.
- [32] 和生红. 上中下通用痛风方加味治疗风湿性关节炎临床研究[J]. 亚太传统医药, 2017,13(22):158-159.
- [33] 文平. 上中下通用痛风方治疗急性痛风性关节炎临床观察[J]. 光明中医, 2014,29(04):743-744.
- [34] 张凤, 陈亮. "上中下通用痛风方"对于缓解急性痛风性关节炎临床研究[J]. 心理医生, 2017,23(35):152-153.
- [35] 谭金权, 钟延. 中医综合疗法对痛风性关节炎的疗效[J]. 深圳中西医结合杂志, 2020,30(03):52-53.
- [36] 陈海燕, 刘怀珍, 崔新亮. 针药结合治疗急性痛风性关节炎临床研究[J]. 现代中医药, 2021,41(5):85-89.
- [37] 杨晓凌, 刘欢, 陈亮, 等. 防己黄芪汤与非布司他对脾虚湿阻型痛风性关节炎的疗效[J]. 中国继续医学教育, 2018,10(25):142-144.
- [38] 凌天佑. 济生肾气丸合参苓白术散为主治疗痛风性肾痛病 34 例[J]. 湖南中医杂志, 1999(01):28.
- [39] 刘英华, 邓玉艳, 伍德军. 平胃散合济生肾气丸加减治疗慢性痛风性关节炎 30 例[J]. 四川中医, 2007(09):50-51.
- [40] 王永辉, 黄东. 参苓白术散加减治疗间歇期痛风性关节炎的效果观察[J]. 临床合理用药杂志, 2019,12(01):127-128.
- [41] 孙士梅. 参苓白术散治疗痛风性关节炎 60 例临床观察[J]. 世界最新医学信息文摘, 2014(35):82-83.
- [42] 刘丽敏, 秦理, 邵丰, 等. 参苓白术散加减治疗痛风性关节炎的疗效及对预后的影响 [J]. 辽宁中医杂志, 2022,49(06):91-94.
- [43] 黄刚, 叶一萍. 金匱肾气丸治疗痛风性肾病疗效评价 [J]. 中华中医药学刊, 2016,34(11):2808-2810.
- [44] 常兴和, 门九章, 李霞, 等. 金匱肾气丸治疗痛风的疗效观察[J]. 世界中西医结合杂志, 2014,9(02):175-176.
- [45] 赵明久, 曹毅, 王利, 等. 四妙丸联合苯溴马隆治疗痛风性关节炎的临床研究 [J]. 现代药物与临床, 2019,34(03):820-823.
- [46] 肖敬, 尹智功, 陈艺方, 等. 正清风痛宁治疗湿热蕴结型老年急性痛风性膝关节炎的临床疗效观察 [J]. 湖北中医杂志, 2017,39(10):8-11.
- [47] 孙维晰. 当归拈痛丸配合水调散治疗急性期痛风性关节炎的疗效观察 [D]. 辽宁中医药大学, 2012.
- [48] 张卓君, 孙颖, 杨晓凌, 等. 萆薢分清丸联合别嘌醇治疗痛风患者高尿酸血症的临床疗效和安全性 [J]. 复旦学报(医学版), 2020,47(02):245-250.
- [49] 韩畅, 王寒, 肖勇洪. 针刺联合中药治疗痛风性关节炎的 Meta 分析[J]. 中国民族民间

医药, 2021,30(08):51-54.

- [50] 张金焕, 陈伊镨, 兰凯, 等. 不同针灸疗法治疗急性痛风性关节炎的有效率和对血尿酸及疼痛影响的网状 Meta 分析[J]. 中国全科医学, 2021,24(08):1001-1010.
- [51] 李智慧, 陈敏, 唐纯志. 针灸治疗痛风性关节炎预后及安全性的 Meta 分析[J]. 中国临床研究, 2022,35(02):149-156+166.
- [52] 张黄鑫, 王楚函, 朱朝霞, 等. 针刺联合艾灸治疗痛风性关节炎的Meta分析[J]. 中医药临床杂志, 2019,31(06):1069-1073.
- [53] Liu P, Deng L, Lv Y, et al. Single acupuncture treatment can reduce the level of uric acid and alleviating pain in gouty arthritis, a meta-analysis[J]. Acupuncture and Electro-Therapeutics Research, 2021,46(2):147~158.
- [54] Li SH, Hu WS, Wu QF, et al. The efficacy of bloodletting therapy in patients with acute gouty arthritis: A systematic review and meta-analysis. Complement Ther Clin Pract. 2022;46:101503.
- [55] 李晓雨, 高好, 原莎莎, 等. 火针点刺治疗痛风性关节炎的 Meta 分析[J]. 中国医药导报, 2021,18(20):135-139.
- [56] Deng K, Li L, Pan T, et al. Meta-analysis and trial sequential analysis on blood uric acid and joint function in gouty arthritis treated with fire needling therapy in comparison with western medication[J]. World Journal of Acupuncture - Moxibustion,2022,32(1):49~60
- [57] 方晓仪, 李钊杨, 卢翠娜, 等. 子午流注纳甲法联合火针治疗急性痛风性关节炎的临床观察[J]. 广州中医药大学学报, 2022,39(2):350-355.
- [58] 石秀群, 李佩澜, 张小娟. 耳穴贴压联合茵陈五苓散治疗急性痛风性关节炎的疗效观察[J]. 广州中医药大学学报, 2019,36(09):1348-1352
- [59] 李立荣. 四妙丸加减配合耳穴压豆治疗慢性心力衰竭合并高尿酸血症的临床观察[J]. 中医临床研究, 2019,11(20):34-36.
- [60] 林广锋, 彭飞鼎, 郭红, 等. 火罐疗法联合耳穴贴压治疗湿热质高尿酸血症的临床观察[J]. 中西医结合研究, 2019,11(05):251-253.
- [61] 李楠, 胡明月. 降酸除痹方联合耳穴埋籽治疗痛风性肾病临床观察[J]. 实用中医内科杂志, 2019,33(09):46-48.
- [62] 秦玉荣, 姜泳, 韩卿, 等. 三黄散中药外敷联合耳穴贴敷治疗痛风性关节炎的临床效果观察[J]. 医药前沿, 2021,11(8):172-173.
- [63] 柯明珠, 冯小燕, 黎胜驹, 等. 健脾补肾二仙颗粒联合耳穴治疗慢性痛风性关节炎的临床疗效观察[J]. 中国医学创新, 2020,17(31):84-88.
- [64] 李焕梅, 赵彩伶, 曾瑞峰, 等. 外用四黄制剂治疗急性痛风性关节炎的系统评价与Meta分析[J]. 岭南急诊医学杂志, 2022,27(02):175-180.
- [65] 郭子琳, 高阳鹭, 何加乐, 等. 中药外敷合并用药治疗痛风急性期疗效和安全性的Meta分析[J]. 世界中西医结合杂志, 2023,18(03):478-487+500.
- [66] 温成平, 俞颖, 谷焕鹏, 等. 痛风性关节炎足浴散剂[P]. 浙江: CN101897767A,2010-12-01.
- [67] 王东林. 清热通痹汤联合中药熏洗治疗对急性痛风性关节炎患者膝关节功能及CRP、SUA水平的影响[J]. 光明中医, 2020,35(18):2880~2882.
- [68] 沈德琼, 吴松柏. 清热泄浊通痹汤联合中药熏洗对AGA患者膝关节功能及ESR、BUA的影响[J]. 现代医学与健康研究(电子版), 2020,4(3):111~113.
- [69] 谢海芳, 徐建新, 钱海青. 清热通痹汤联合中药熏洗治疗急性痛风性关节炎30例[J]. 山东中医杂志, 2013,32(05):311~312.
- [70] 严一锋, 孙芹. 探讨四妙散加减熏洗对急性痛风性关节炎患者炎症因子及SOD水平的

- 影响分析[J]. 临床医药文献电子杂志, 2020,7(25):164~165.
- [71] 张成亮, 韩涛. 四妙止痛汤配合熏洗治疗急性痛风性关节炎临床研究[J]. 辽宁中医药大学学报, 2011,13(06):176~177.
- [72] 林伯龙. 四妙散加减熏洗对急性痛风性关节炎患者关节液中炎症因子及SOD水平的影响[J]. 亚太传统医药, 2017,13(24):150~152.
- [73] 李武芬, 朱艳, 郑为秀, 等. 中药外敷联合饮食治疗对痛风性关节炎患者临床疗效的影响[J]. 辽宁中医杂志, 2020,47(11):106-108.
- [74] 伍艳玲, 龙利. 中医辨证药膳粥干预慢性痛风的疗效观察[J]. 医学食疗与健康, 2020,18(23):19-20+25.
- [75] 于晓, 冯钰婷, 贺晓鸣. 百合米仁粥干预无症状性高尿酸血症 50 例疗效观察[J]. 浙江中医杂志, 2018,53(04):244-245.
- [76] 曾青山, 刘佳, 林江虹. 中药药膳治疗原发性高尿酸血症疗效观察[J]. 现代医院, 2015,15(06):64-65+68.
- [77] Neilson J, Bonnon A, Dickson A, Roddy E; Guideline Committee. Gout: diagnosis and management-summary of NICE guidance. *BMJ*. 2022;378:o1754.

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Foreword

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. World Federation of Chinese Medicine Societies (WFCMS) shall not be held responsible for identifying any or all such patent rights.

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WFCM

Introduction

Gout is a metabolic rheumatism disease that seriously endangers human health, with a high prevalence, disability rate and disease burden worldwide. Current international clinical practice guidelines provide recommendations from the diagnosis, treatment and management of gout. The clinical practice guidelines for gout formulated in China encompass a broader scope, with more attention to the prevention and treatment strategies of traditional Chinese medicine (TCM).

It is an urgent necessary to improve traditional Chinese medicine (TCM) diagnosis and treatment strategies, and provide clinical practice guidelines for international TCM practitioners with the increasing global impact of TCM. The guidelines for gout of TCM, or integrated traditional Chinese and western medicine have given corresponding recommendations from the perspective of combining symptoms and symptoms, but without recommendations for specific phased TCM prevention and treatment programs. Therefore, the project team of CPGs thoroughly considered the clinical practice of Traditional Chinese Medicine (TCM) in diagnosing and treating gout. They systematically gathered and evaluated evidence on TCM's efficacy in gout treatment. And then, they consulted experts at home and abroad to compile comprehensive recommendations for preventing and treating gout at different stages. This document stipulates the symptom diagnosis and treatment scheme of different stages of gout, which is applicable to patients with different stages of gout, and is a reference for TCM, and integrated Chinese and western medicine clinicians when conducting gout diagnosis and treatment.

This document is a declarative document based on existing research evidence and specific methods, while not a standard or norm for medical behavior. In clinical practice, physicians can refer to this document and provide personalized treatment based on the specific situation of patients.

International Guidelines for Clinical Practice of Chinese Medicine

Gout

1 Scope

This document specifies the terms and definitions of gout, symptom diagnosis, traditional Chinese medicine (TCM) treatment options, etc.

This document is intended for patients with gout at all stages of clinical practice.

This document is intended for reference by international TCM clinicians in the diagnosis and treatment of gout.

2 Normative References

The following referenced documents are indispensable for the application of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

- GB/T 20348-2006 Traditional Chinese medicine basic theoretical terminology
GB/T16751.2-2020 Clinical terminology of traditional Chinese medicine - Part
2: Symptoms
ICD-11 International Classification of Diseases 11th Revision

3 Terms and Definitions

The following terms and definitions apply to this document.

3.1

gout

a crystal-associated arthropathy caused by monosodium urate deposition in the joint [1-4].

Note: It is directly related to hyperuricemia due to disturbance of purine metabolism and/or decreased uric acid excretion.

3.2

hyperuricemia

metabolic disorders caused by disorders of purine metabolism [1-4].

4 Diagnosis

4.1 Diagnosis of Western medicine

The symptoms, signs and diagnostic conditions of gout in western medicine are

described in Annex A.

4.2 Stage of disease

4.2.1 Hyperuricemia stage

Blood uric acid levels are elevated, and there is no clinical period of acute gouty arthritis attacks or uric acid stones [1-11].

4.2.2 Acute gouty arthritis stage

Gouty arthritis has a sudden attack, mostly at night, with a sudden onset, progressive intensification of pain, and a peak of about 12 hours. The pain is tearing, knife-cutting, or biting, and is unbearable. The affected joint and surrounding soft tissues are red and swollen, the skin temperature is elevated, and the tenderness is obvious [1-11].

4.2.3 Gout intermittent stage

Between attacks of acute gouty arthritis, there is occasionally a period of skin pigmentation in the area of inflammation [1-11].

4.2.4 Chronic gouty arthritis stage

Patients with gout have long-term uncontrolled blood uric acid, and persistent joint pain occurs, often accompanied by the appearance of tophi [1-11].

4.2.5 Gouty nephropathy stage

Tiny urate crystals are deposited in the renal interstitium, resulting in chronic tubulo-interstitial nephritis, causing tubular atrophy and deformation, interstitial fibrosis, and leading to renal insufficiency [1-11].

4.3 Diagnostic criteria of TCM syndromes

Note: The common syndromes in TCM diagnosis of different stages of gout are listed in Appendix B.

4.3.1 Hyperuricemia stage

4.3.1.1 Syndrome of dampness turbidity internal accumulation

Diagnosis: Patient suffers from obesity, body trapped, fond of eating greasy diet regularly, greasy mouth, hydroadipsia, sticky and stagnation stool. The tongue texture is pale and enlarged, and sometimes with teeth-marks, also with white greasy tongue coating. The pulse manifestation is slippery for pulse diagnosis.

4.3.1.2 Syndrome of liver depression and spleen deficiency

Diagnosis: Patient suffers from discomfortable in chest and hypochondriac, vexation, bad sleep, epigastric fullness, loose and stagnation stool. The tongue is dusky in texture, and is greasy in coating, and sometimes with teeth-marks for

tongue inspection. The pulse manifestation is wiry or thin wiry for pulse diagnosis.

4.3.2 Acute gouty arthritis stage

4.3.2.1 Syndrome of dampness and heat obstructing collaterals

Diagnosis: Patient suffers from swelling and heat pain of the joints, which aggravates with pressing and alleviates with cold, vexation, thirst, reddish yellow urine, sticky and stagnation stool. The tongue is red in texture, and is greasy and yellow in coating, for tongue inspection. The pulse manifestation is slippery and rapid for pulse diagnosis.

4.3.2.2 Syndrome of cold and dampness transforming into heat

Diagnosis: Patient suffers from joint swelling and pain, local burning, aversion to wind and cold, heavy and sour limbs, loose and stagnation stool. The tongue is dusky in texture, and is greasy and yellow and white in coating, for tongue inspection. The pulse manifestation is tight wiry or rapid wiry for pulse diagnosis.

4.3.3 Gout intermission stage

4.3.3.1 Syndrome of internal accumulation of dampness-turbidity

Diagnosis: Patient suffers from joint soreness, body trapped, obesity, greasy mouth, hydroadipsia, sticky and stagnation stool. The tongue texture is enlarged, and sometimes with teeth-marks, also with white greasy tongue coating. The pulse manifestation is slippery for pulse diagnosis.

4.3.3.2 Syndrome of spleen deficiency with dampness obstruction

Diagnosis: Patient suffers from joint soreness, body trapped, tightly closed of thoracic and gastric cavity, obesity, poor appetite, loose and stagnation stool. The tongue is dusky in texture, and sometimes with teeth-marks, and is greasy in coating, for tongue inspection. The pulse manifestation is soggy or slippery for pulse diagnosis.

4.3.3.3 Syndrome of kidney deficiency and stagnation of turbidity

Diagnosis: Patient suffers from joint soreness, soreness and weakness of waist and knees, tiredness, dizziness, tinnitus, inhibited urination or increased urine output, loose and stagnation stool. The tongue is enlarged and dusky in texture, and is greasy in coating, for tongue inspection. The pulse manifestation is moderate deep or fine deep for pulse diagnosis.

4.3.4 Chronic gouty arthritis stage

4.3.4.1 Syndrome of impediment and obstruction of turbid and stasis

Diagnosis: Patient suffers from joint swelling and pain, procrastinating repeatedly, dark red skin color or local induration, even joint deformity. The

tongue is purple and dusky in texture, and is greasy in coating, for tongue inspection. The pulse manifestation is wiry or unsmooth for pulse diagnosis.

4.3.4.2 Syndrome of spleen deficiency with dampness and heat obstructing collaterals

Diagnosis: Patient suffers from joint swelling and pain, procrastinating repeatedly, red skin color, local heating or induration, mental fatigue and heavy body, stuffiness and fullness of gastric and abdominal, sticky and stagnation stool. The tongue is dark red in texture, and is greasy and yellow in coating, for tongue inspection. The pulse manifestation is slippery and rapid for pulse diagnosis.

4.3.4.3 Syndrome of kidney deficiency with turbid and stasis obstructing collaterals

Diagnosis: Patient suffers from joint swelling and pain, procrastinating repeatedly, inhibited bending and stretching, even stiff or deformed, dark skin color, local induration, mental fatigue, waist soreness, inhibited urination or increased urine output. The tongue is dark in texture, and is greasy in coating, for tongue inspection. The pulse manifestation is slow deep or fine deep for pulse diagnosis.

4.3.5 Gouty nephropathy stage

4.3.5.1 Syndrome of kidney deficiency with turbidity and stasis

Diagnosis: Patient suffers from mental fatigue, waist soreness, joint dull pain or induration, limb edema, inhibited urination or increased urine output or turbid urine. The tongue is dark in texture, and is greasy in coating, for tongue inspection. The pulse manifestation is deep for pulse diagnosis.

4.3.5.2 Syndrome of spleen and kidney insufficiency

Diagnosis: Patient suffers from mental fatigue, heaviness feeling in the body, joint dull pain or induration, abdominal fullness, loose stool, inhibited urination or increased urine output. The tongue is dark in texture, and is greasy in coating, for tongue inspection. The pulse manifestation is moderate deep for pulse diagnosis.

5 Etiology, pathogenesis

The etiology, pathogenesis ^[12-18] of gout are summarized in Annex C.

6 Treatment

6.1 Treatment principles

The general principle of gout treatment is to treat the symptoms of arthritis in the attack period and take into account the symptoms in the remission period. In the stage of joint swelling and pain as the chief complaint, in the stage of acute joint swelling and pain, the treatment should be given priority to clearing heat and dampness, or dissipating cold and clearing benefits, and the purpose of removing arthralgia and analgesia should be achieved as soon as possible. In the stage of chronic joint swelling and pain, it is used to clear heat and dampness or dissipate cold and clear Li, and to remove turbidity and dredging collaterals. In the stage of abnormal elevation of serum uric acid level as the chief complaint, the main purpose of removing dampness and turbidity was to smooth the liver, move the spleen or benefit the kidney, so as to stably reduce the uric acid level and avoid the recovery of dampness and turbidity. In the period of gouty nephropathy, it is necessary to strengthen the spleen and help transportation, nourish the kidney and secrete turbidity, and remove dampness and blood stasis [1-17].

6.2 Traditional Chinese medicine prescriptions

6.2.1 Hyperuricemia stage

6.2.1.1 Syndrome of dampness turbidity internal accumulation

Therapeutic principle: drying dampness and activating the spleen

Prescription: Pingwei San (Stomach-Calming Powder) [18-20] to add and subtract from Tai Ping Hui Min He Ji Ju Fang (Prescriptions from the Great Peace Imperial Grace Pharmacy). (**Low quality evidence, strong recommendation**)

Chinese medicinal: Cangzhu (Rhizoma Atractylodis, Atractylodes Rhizome), Houpo (Cortex Magnoliae Officinalis, Officinal Magnolia Bark), Chenpi (Pericarpium Citri Reticulatae, Dried Tangerine Peel), Zhigancao (Radix et Rhizoma Glycyrrhizae Praeparata cum Melle, prepared licorice root), Tufuling (Rhizoma Smilacis Glabrae, Glabrous Greenbrier Rhizome), Yiyiren (Semen Coicis, Coix Seed), Jiangbanxia (Rhizoma Pinelliae Praeparatum, pinellia rhizome in ginger juice).

6.2.1.2 Syndrome of liver depression and spleen deficiency

Therapeutic principle: soothing the liver and activating the spleen

Prescription: Chaihu Shugan San (Bupleurum Liver-Soothing Powder) to add and subtract from Jing Yue Quan Shu (Complete Works of Jingyue). (**Low quality evidence, weak recommendation**).

Chinese medicinal: Chaihu (Radix Bupleuri, Chinese Thorowax Root), Baishao (Radix Paeoniae Alba, Debark Peony Root), Chuan-xiong (Rhizoma Ligustici Chuanxiong, Sichuan Lovage Rhizome), Xiangfu (Rhizoma Cyperi, Nutgrass Galingale Rhizome), Chenpi (Pericarpium Citri Reticulatae, Dried Tangerine Peel), Zhiqiao (Fructus Aurantii, Orange Fruit), Zhigancao (Radix et Rhizoma Glycyrrhizae Praeparata cum Melle, prepared licorice root), Tufuling (Rhizoma

Smilacis Glabrae, Glabrous Greenbrier Rhizome), Yiyiren (Semen Coicis, Coix Seed), Cangzhu (Rhizoma Atractylodis, Atractylodes Rhizome).

6.2.2 Acute gouty arthritis stage

6.2.2.1 Syndrome of dampness and heat obstructing collaterals

Therapeutic principle: clearing heat and disinhibiting dampness, unblocking collaterals to stop pain

Prescription: Simiao San (Wonderfully Effective Four Powder) [21-22] to add and subtract from Cheng Fang Bian Du (Into Easy to Read). (**Moderate quality evidence, strong recommendation**).

Chinese medicinal: Cangzhu (Rhizoma Atractylodis, Atractylodes Rhizome), Huangbai (Cortex Phellodendri, Amur Cork Tree), Yiyiren (Semen Coicis, Coix Seed), Chuan-niuxi (Radix Cyathulae, Medicinal Cyathula Root), Qingfeng-teng (Caulis Sinomenii, Orientvine Stem), Rendong-teng (Caulis Lonicerae, Honeysuckle Stem), Hanfangji (Radix Stephaniae Tetrandrae, stephania tetrandra).

6.2.2.2 Syndrome of cold and dampness transforming into heat

Therapeutic principle: dissipating cold, eliminating dampness and unblocking collaterals, clearing stagnant heat

Prescription: Wutou Tang (aconite main tuber decoction) to add and subtract from Jin Gui Yao Lue (Synopsis of Prescriptions of the Golden Chamber). (**Low quality evidence, strong recommendation**).

Chinese medicinal: Zhichuanwu (Radix aconiti preparata), Huangqi (milkvetch root), Baishao (Radix Paeoniae Alba, Debark Peony Root), Zhimahuang (Herba Ephedrae, Ephedra (processed with honey)), Fengmi (Honey), Zhigancao (Radix et Rhizoma Glycyrrhizae Praeparata cum Melle, prepared licorice root), Shengshigao (gypsum).

6.2.3 Gout intermission stage

6.2.3.1 Syndrome of internal accumulation of dampness-turbidity

Therapeutic principle: drying dampness and activating the spleen

Prescription: Pingwei San (Stomach-Calming Powder) [18-20] to add and subtract from Tai Ping Hui Min He Ji Ju Fang (Prescriptions from the Great Peace Imperial Grace Pharmacy). (**Low quality evidence, strong recommendation**)

Chinese medicinal: Cangzhu (Rhizoma Atractylodis, Atractylodes Rhizome), Houpo (Cortex Magnoliae Officinalis, Officinal Magnolia Bark), Chenpi (Pericarpium Citri Reticulatae, Dried Tangerine Peel), Zhigancao (Radix et Rhizoma Glycyrrhizae Praeparata cum Melle, prepared licorice root), Tufuling (Rhizoma Smilacis Glabrae, Glabrous Greenbrier Rhizome), Jiangbanxia (Rhizoma Pinelliae Praeparatum, pinellia rhizome in ginger juice), Yiyiren (Semen Coicis, Coix Seed), Qingfeng-teng (Caulis Sinomenii, Orientvine Stem).

6.2.3.2 Syndrome of spleen deficiency with dampness obstruction

Therapeutic principle: activating the spleen, eliminating dampness, resolving turbidity, unblocking impediment

Prescription: Quzhuo Tongbi Fang [23-24] to add and subtract. (Low quality evidence, strong recommendation)

Chinese medicinal: Tufuling (Rhizoma Smilacis Glabrae, Glabrous Greenbrier Rhizome), Chaoyiyiren (Semen Coicis, Coix Seed (stir-fried)), Chaobaishao (Radix Paeoniae Alba, Debarb Peony Root (stir-fried)), Yumixu (Stigma Maydis, Corn Stigma), Bixie (Rhizoma Dioscoreae Hypoglaucae; hypoglaucous collett yam rhizome), Xixiancao (Herba Siegesbeckiae, Siegesbeckia Herb), Jiang-huang (Rhizoma Curcumae Longae, Turmeric), Sangji-sheng (Herba Taxilli, Chinese taxillus), Yanhusuo (Rhizoma Corydalis, Yanhusuo), Foshou (Fructus Citri Sarcodactylis, Finger Citron), Rendong-teng (Caulis Lonicerae, Honeysuckle Stem).

6.2.3.3 Syndrome of kidney deficiency and stagnation of turbidity

Therapeutic principle: replenishing the kidney, dispelling turbid substance

Prescription: Bixie Fenqing Yin (Hypoglaucae Root Turbidity-Clearing Beverage) [25-29] to add and subtract from Yang Shi Jia Cang Fang. (**Low quality evidence, weak recommendation**).

Chinese medicinal: Bixie (Rhizoma Dioscoreae Hypoglaucae; hypoglaucous collett yam rhizome), Yizhiren (Fructus Alpiniae Oxyphyllae, sharp leaf glangal fruit), Shichang-pu (Rhizoma Acori Tatarinowii, Grassleaf Sweetflag Rhizome), Wuyao (Radix Linderae, combined spicebush Root), Tufuling (Rhizoma Smilacis Glabrae, Glabrous Greenbrier Rhizome), Yumixu (Stigma Maydis, Corn Stigma), Yanhusuo (Rhizoma Corydalis, Yanhusuo), Yiyiren (Semen Coicis, Coix Seed).

6.2.4 Chronic gouty arthritis stage

6.2.4.1 Syndrome of impediment and obstruction of turbid and stasis

Therapeutic principle: dispelling turbid substance and stasis, unblocking collaterals to stop pain

Prescription: Shangzhongxia Tongyong Tongfeng Fang [30-35] to add and subtract from Dan Xi Xin Fa (Danxi's Experiential Therapy). (**Moderate quality evidence, strong recommendation**)

Chinese medicinal: Cangzhu (Rhizoma Atractylodis, Atractylodes Rhizome), Zhitiannanxing (Rhizoma Arisaematis praeparatum, honey-fried jack-in-the-pulpit tuber), Qianghuo (Rhizoma et Radix Notopterygii, Incised Notopterygium Rhizome and Root), Baizhi (Radix Angelicae Dahuricae, Dahurian Angelica Root), Guizhi (Ramulus Cinnamomi, Cassia Twig), Weiling-xian (Radix Clematidis, Chinese Clematis Root), Chaohuangbai (Cortex Phellodendri, Amur CorkTree (stir-fried)), Longdan (Radix Gentianae, Chinese Gentian), Taoren (Semen Persicae, Peach Seed), Honghua (Flos Carthami, Safflower), Chuan-xiong

(Rhizoma Ligustici Chuanxiong, Sichuan Lovage Rhizome), Hanfangji (Radix Stephaniae Tetrandrae, stephania tetrandra), Shenqu (Massa Medicata Fermentata, medicated leaven).

6.2.4.2 Syndrome of spleen deficiency with dampness and heat obstructing collaterals

Therapeutic principle: activating the spleen, resolving dampness, clearing heat, unblocking collaterals.

Prescription: Fangji Huangqi Tang (Stephania and Astragalus Decoction) [36-37] from Jin Gui Yao Lue (Synopsis of Prescriptions of the Golden Chamber) and Simiao San (Wonderfully Effective Four Powder) [21-22] from Cheng Fang Bian Du (Into Easy to Read) to add and subtract. (**Low quality evidence, strong recommendation**).

Chinese medicinal: Huangqi (Radix Astragali seu Hedysari, Milkvetch Root), Hanfangji (Radix Stephaniae Tetrandrae, stephania tetrandra), Chaobaizhu (Rhizoma Atractylodis Macrocephalae, White Atractylodes Rhizome (stir-fried)), Huangbai (Cortex Phellodendri, Amur Cork Tree), Cangzhu (Rhizoma Atractylodis, Atractylodes Rhizome), Yiyiren (Semen Coicis, Coix Seed), Chuan-niuxi (Radix Cyathulae, Medicinal Cyathula Root), Shengjiang (Rhizoma Zingiberis Recens, fresh ginger), Dazao (Fructus Jujubae, Chinese Date), Zhigancao (Radix et Rhizoma Glycyrrhizae Praeparata cum Melle, prepared licorice root), Rendongteng (Caulis Lonicerae, Honeysuckle Stem).

6.2.4.3 Syndrome of kidney deficiency with turbid and stasis obstructing collaterals

Therapeutic principle: warming the kidney and resolving turbidity, dispelling stasis to unblock collaterals.

Prescription: Jisheng Shenqi Wan (Life-Saving Kidney Qi Pill) [38-39] from Ji Sheng Fang (Prescriptions for Rescuing Lives) and Taohong Siwu Tang (Peach Kernel and Carthamus Four Substances Decoction) from Yi Zong Jin Jian (Golden Mirror of Medicine) to add and subtract. (**Low quality evidence, weak recommendation**).

Chinese medicinal: Paofuzi (Radix Aconiti Lateralis Preparata, Prepared Common Monkshood Daughter Root (blast-fried)), Rougui (Cortex Cinnamomi; Cassia Bark, Cinnamon Bark), Shudi-huang (Radix Rehmanniae Preparata, Prepared Rehmannia Root), Shanyao (Rhizoma Dioscoreae, Common Yam Rhizome), Shanzhu-yu (Fructus Corni, Asiatic Cornelian Cherry Fruit), Fuling (Poria, Indian Bread, Poria), Zexie (Rhizoma Alismatis, Oriental Waterplantain Rhizome), Mudanpi (Cortex Moutan Radicis, Tree Peony Root Bark), Chuan-niuxi (Radix Cyathulae, Medicinal Cyathula Root), Cheqian-zi (Semen Plantaginis, Plantain Seed), Taoren (Semen Persicae, Peach Seed), Honghua (Flos Carthami, Safflower), Danggui (Radix Angelicae Sinensis; Chinese Angelica), Chuan-xiong

(Rhizoma Ligustici Chuanxiong, Sichuan Lovage Rhizome), Chaobaishao (Radix Paeoniae Alba, Debarb Peony Root (stir-fried)).

6.2.5 Gouty nephropathy stage

6.2.5.1 Syndrome of kidney deficiency with turbidity and stasis

Therapeutic principle: replenishing the kidney, resolving turbidity, resolving stasis and disinhibiting water

Prescription: Jisheng Shenqi Wan (Life-Saving Kidney Qi Pill) [38-39] from Ji Sheng Fang (Prescriptions for Rescuing Lives) and Guizhi Fuling Wan (Cinnamon Twig and Poria Pill) from Jin Gui Yao Lue (Synopsis of Prescriptions of the Golden Chamber) to add and subtract. (**Low quality evidence, weak recommendation**).

Chinese medicinal: Paofuzi (Radix Aconiti Lateralis Preparata, Prepared Common Monkshood Daughter Root (blast-fried)), Guizhi (Ramulus Cinnamomi, Cassia Twig), Shudi-huang (Radix Rehmanniae Preparata, Prepared Rehmannia Root), Shanyao (Rhizoma Dioscoreae, Common Yam Rhizome), Shanzhu-yu (Fructus Corni, Asiatic Cornelian Cherry Fruit), Fuling (Poria, Indian Bread, Poria), Zexie (Rhizoma Alismatis, Oriental Waterplantain Rhizome), Mudanpi (Cortex Moutan Radicis, Tree Peony Root Bark), Chuan-niuxi (Radix Cyathulae, Medicinal Cyathula Root), Cheqian-zi (Semen Plantaginis, Plantain Seed), Chishao (Radix Paeoniae Rubra, Red Peony Root), Taoren (Semen Persicae, Peach Seed), Zhidahuang (Radix et Rhizoma Rhei, Rhubarb (prepared)), Liuyuexue (Herba Serissae).

6.2.5.2 Syndrome of spleen and kidney insufficiency

Therapeutic principle: fortifying the spleen, replenishing the kidney, draining dampness, resolving turbidity

Prescription: Fangji Huangqi Tang (Stephania and Astragalus Decoction) [36-37] from Jin Gui Yao Lue (Synopsis of Prescriptions of the Golden Chamber) and Bixie Fenqing Yin (Hypoglaucae Root Turbidity-Clearing Beverage) [25-29] from Yang Shi Jia Cang Fang to add and subtract. (Low quality evidence, weak recommendation).

Chinese medicinal: Huangqi (Radix Astragali seu Hedysari, Milkvetch Root), Hanfangji (Radix Stephaniae Tetrandrae, stephania tetrandra), Chaobaizhu (Rhizoma Atractylodis Macrocephalae, White Atractylodes Rhizome (stir-fried)), Bixie (Rhizoma Dioscoreae Hypoglaucae; hypoglaucous collett yam rhizome), Yizhiren (Fructus Alpiniae Oxyphyllae, sharp leaf glangal fruit), Shichang-pu (Rhizoma Acori Tatarinowii, Grassleaf Sweetflag Rhizome), Wuyao (Radix Linderae, combined spicebush Root), Shengjiang (Rhizoma Zingiberis Recens, fresh ginger), Zhigancao (Radix et Rhizoma Glycyrrhizae Praeparata cum Melle, prepared licorice root), Dazao (Fructus Jujubae, Chinese Date), Zhidahuang (Radix et Rhizoma Rhei, Rhubarb (prepared)), Liuyuexue (Herba Serissae).

6.3 Chinese patent medicine

6.3.1 Shenling Baizhu Powder/pill

Indications: Enriching qi, strengthening the spleen, and stopping diarrhea by exuding dampness. It can be used to treat gout with spleen deficiency syndrome [40-42] (**Low quality evidence, weak recommendation**). Take orally, 6g once, 2~3 times a day.

6.3.2 Jingui Shenqi Pill

Indications: Warming and tonifying Kidney-Yang, resolving Qi and promoting the flow of water. It can be used to treat gout with renal deficiency syndrome [43-44] (**Low quality evidence, weak recommendation**). Take orally, 4-5g (20-25 capsules) of water honey pill at one time, 1 pill of large honey pill at one time, twice a day.

6.3.3 Si Miao Pill

Indications: Clearing heat and inducing dampness. It can be used to treat gout with damp heat syndrome [45] (**Low quality evidence, weak recommendation**). Take orally, 6g once, twice a day.

6.3.4 Zhengqing Fengtongning Sustained Release Tablets

Indications: Expelling wind and removing dampness, invigorating blood circulation, inducing diuresis and subduing swelling. It can be used for gout with wind dampness obstructing the meridians syndrome [46] (**Low quality evidence, weak recommendation**). Take orally, 1~2 tablets each time, twice a day.

6.3.5 Danggui Niantong Pill

Indications: Promoting dampness and clearing heat, dispelling wind and relieving pain. It can be used for treating gout with damp heat syndrome [47] (**Very low quality evidence, weak recommendation**). To be taken orally, 9g once, twice a day.

6.3.6 Bixie Fenqing Pill

Indications: Clearing and resolving turbidity, warming the kidney and inducing dampness. It can be used for treating gout with Phlegm accumulation due to syndrome of kidney deficiency and stagnation of turbidity [48] (**Low quality evidence, weak recommendation**). Take orally, 6~9g once, twice a day.

6.4 Non-pharmacological therapy

6.4.1 Acupuncture

Acupuncture for acute gouty arthritis stage or chronic gouty arthritis stage can increase the overall clinical effectiveness rate, reduce the pain score, reduce the recurrence rate, and have better safety [49-53]. (**Moderate quality evidence, strong recommendation**)

Commonly used acupoints in acute gouty arthritis stage: Ashi point, Sanyinjiao (SP 6), Zusanli (ST 36), Yinlingquan (SP 9), Taichong (LR 3), Quchi (LI 11), Hegu (LI 4), Neiting (ST 44), Xingjian (LR 2), etc.

Commonly used acupoints in chronic gouty arthritis: Zusanli (ST 36), Sanyinjiao (SP 6), Yinlingquan (SP 9). In the case of paralytic obstruction with phlegm and stasis, it can be combined with Blood Sea (SP 10); in the case of deficiency of spleen and kidney, it can be combined with Taixi (KI 3) and Zhaohai (K 16).

6.4.2 Bloodletting therapy

Acute gouty arthritis stage can be treated with bloodletting therapy to relieve pain, enhance the effective rate and cure rate, and has a good safety profile [54]. **(Moderate quality evidence, strong recommendation)**

Commonly used acupoints: Ashi point, Taichong (LL 11), Xingjian (LR 2), Neiting (ST 44), and Weizhong (BL 40).

6.4.3 Fire needling

Fire needling treatment for acute gouty arthritis phase improves the overall effective rate, reduces pain, and lowers joint pain and swelling scores [55-57]. **(Moderate quality evidence, weak recommendation)**

Commonly used acupoints: Ashi point as the main acupoint; Xuanzhong (GB 11), Kunlun (BL 60) and Taixi (KI 3) can be added if the ankle joint is involved; Dadu (SP 2) and Xingjian (LR 2) can be added if the metatarsophalangeal joints are swollen and painful.

6.4.4 Auricular acupoint therapy

Auricular acupoint therapy for gout can reduce pain [58-63]. **(Low quality evidence, weak recommendation)**

Commonly used auricular points: endocrine, spleen, kidney, occipital, ureter, bladder, internal genitalia and other corresponding points. Wang Bu Liu Xing seeds are often used to apply compresses to corresponding ear points.

6.4.5 External application of herbs

External application of herbs for gout can improve the overall clinical effectiveness rate and reduce joint pain and swelling scores [64-65]. **(Low quality evidence, strong recommendation)**

Commonly used drugs: Jinhuang ointment [Tianhuafen (Trichosanthis Radix, Mongolian Snakegourd Root), Jianghuang (Curcumae Longae Rhizoma, Turmeric), Baizhi (Radix Angelicae Dahuricae, Dahurian Angelica Root), Cangzhu (Rhizoma Atractylodis, Atractylodes Rhizome), Zhitiannanxing (Rhizoma Arisaematis praeparatum, honey-fried jack-in-the-pulpit tuber), Gancao (Glycyrrhizae Radix et Rhizoma, liquorice root), Dahuang (Radix et Rhizoma Rhei, Rhubarb), Huangbo (Cortex Phellodendri, Amur CorkTree), Houpo (Cortex Magnoliae

Officinalis, Officinal Magnolia Bark), Chenpi (Pericarpium Citri Reticulatae, Dried Tangerine Peel), Mayou (sesame oil), Huangdan (yellow lead)] Sihuang powder [Huanglian (Coptidis Rhizoma, Coptis Root), Huangbo (Cortex Phellodendri, Amur CorkTree), Huangqin (Scutellariae Radix, Amur Cork-tree Bark), Dahuang (Radix et Rhizoma Rhei, Rhubarb), Huashi (Talcum, Talc), Wubeizi (Galla Chinensis, Chinese Nut-gall)] Shuangbai ointment [Dahuang (Radix et Rhizoma Rhei, Rhubarb), Huangbo (Cortex Phellodendri, Amur CorkTree), Cebaiye (Platycladi Cacumen, Chinese Arborvitae Twig), Zelan (Eupatorium), Bohe (Menthae Haplocalycis Herba, Wild Mint Herb)].

6.4.6 Herbal fumigation

Herbal fumigation for acute gouty arthritis can increase efficiency and decrease joint pain scores [66-72]. **(Low quality evidence, strong recommendation)**

Commonly used drugs: Qingre Tongbi Tang [Zexie (Rhizoma Alismatis, Oriental Waterplantain Rhizome), Bixie (Rhizoma Dioscoreae Hypoglaucae, hypoglaucous collett yam rhizome), Dahuang (Radix et Rhizoma Rhei, Rhubarb), Zhigancao (Radix et Rhizoma Glycyrrhizae Praeparata cum Melle, prepared licorice root), Chishao (Radix Paeoniae Rubra, Red Peony Root), Duhuo (Doubleteeth Pubescent Angelica Root), Changzhu (Rhizoma Atractylodis), Huangbo (Cortex Phellodendri, Amur CorkTree), Niuxi (Radix Cyathulae, Medicinal Cyathula Root), Baibiandou (Hyacinth bean), Gegen (Puerariae Lobatae Radix, Lobed Kudzuvine Root), Yiyiren (Semen Coicis, Coix Seed), Qinjiao (Gentianae Macrophyllae Radix, Largeleaf Gentian Root), Shangzhi (ramulus mori)], Simiao San [Cangzhu (Atractylodis Rhizoma, Rhizoma Atractylodis), Huangbo (Cortex Phellodendri, Amur CorkTree), Niuxi (Radix Cyathulae, Medicinal Cyathula Root), Yiyiren (Semen Coicis, Coix Seed) etc.], suitable for those with gout and damp heat. Gouty Arthritis Foot Bath Powder [Zhichuanwu (Aconiti Radix, Aconite Root), Zhicao (Aconiti Kusnezoffii Radix, Kusnezoff Monkshood Root), Beixixin (Asari Radix et Rhizoma, manchurian wildginger), Bingpian (Borneolum Syntheticum, Synthetic Borneol), Jixueteng (Callerya reticulata (Benth.) Schot, Suberect Spatholobus Stem), Shengmahuang (Ephedrae Herba, Chinese Ephedra Herb), Rendongteng (Honeysuckle vine), Shigao (Gypsum Fibrosum, Gypsum), Zicao (Arnebiae Radix, Gromwell Root)] is suitable for those with gout that syndrome of cold and dampness transforming into heat.

6.4.7 Discriminative diet based on symptom

Discriminative dietary therapy for gout may reduce blood uric acid levels and pain scores [73-76]. **(Low quality evidence, strong recommendation)**

Commonly used medicinal diets include: Baihe Yiyiren Fuling Congee etc.

Annex A
(Informative)
Diagnosis, symptoms and signs of Gout

A.1 Symptoms and signs ^[77]

(1) Gout should be suspected if one of the following is present: rapid onset of severe pain with redness and swelling in the first metatarsophalangeal joint (usually at night); The presence of tophus.

(2) Gout usually occurs rapidly (usually at night). In addition to the first metatarsophalangeal joint, other joints such as the middle foot, ankle joint, knee joint, hand, wrist joint, elbow joint appear severe pain, redness or swelling, should consider the possibility of gout.

(3) For patients with joint pain, redness, and swelling, the possibility of pyogenic arthritis, calcium pyrophosphate crystal deposition, and inflammatory arthritis should be evaluated.

(4) If septic arthritis is suspected, immediate referral should be made.

(5) In patients presenting with chronic inflammatory arthralgia, chronic gouty arthritis should be considered.

(6) In patients with suspected gout, a detailed history and physical examination should be performed, and signs and symptoms should be evaluated.

A.2 Diagnostic conditions ^[77]

(1) In patients with gout symptoms and signs, blood uric acid levels should be measured to confirm the clinical diagnosis: The blood uric acid level was at least 360 μ mol per liter (6 mg per deciliter); Or if it was below 360 μ mol per liter (6 mg per deciliter) during an episode and gout was strongly suspected, the measurement was repeated after the condition had been stable for at least 2 weeks.

(2) If the diagnosis of gout remains uncertain, joint puncture and microscopic examination of synovial fluid may be considered.

(3) If joint aspiration is not possible or the diagnosis of gout remains uncertain, consider imaging of the affected joint with X-rays, ultrasound, or dual-energy computed tomography CT imaging.

Annex B
(Informative)
TCM common syndromes of Gout

B.1 Hyperuricemia stage

Common syndromes of hyperuricemia stage: syndrome of dampness turbidity internal accumulation and syndrome of liver depression [1-11]. **(Expert consensus, strong recommendation)**

B.2 Acute gouty arthritis stage

Common syndromes of hyperuricemia stage: syndrome of dampness and heat obstructing collaterals, syndrome of cold and dampness transforming into heat [1-11]. **(Expert consensus, strong recommendation)**

B.3 Gout intermission stage

Common syndromes of gout intermission stage: syndrome of internal accumulation of dampness-turbidity, syndrome of spleen deficiency with dampness obstruction, syndrome of kidney deficiency and stagnation of turbidity [1-11]. **(Expert consensus, strong recommendation)**

B.4 Chronic gouty arthritis stage

Common syndromes of hyperuricemia stage: syndrome of impediment and obstruction of turbid and stasis, syndrome of spleen deficiency with dampness and heat obstructing collaterals, syndrome of kidney deficiency with turbid and stasis obstructing collaterals [1-11]. **(Expert consensus, strong recommendation)**

B.5 Gouty nephropathy stage

Common syndromes of hyperuricemia stage: syndrome of kidney deficiency with turbidity and stasis, syndrome of spleen and kidney insufficiency [1-11]. **(Expert consensus, strong recommendation)**

Annex C (Informative)

Etiology, pathogenesis and treatment principles

C.1 Etiology and pathogenesis

The core pathogenesis of gout can be summarized as turbidity, stasis and deficiency.

Gout is often due to congenital endowment abnormalities, or acquired mental stress, lack of exercise, or excessive eating fat, gan thick taste, resulting in the loss of spleen and stomach transportation, and the growth of wet turbidity, then clinical hyperuricemia stage.

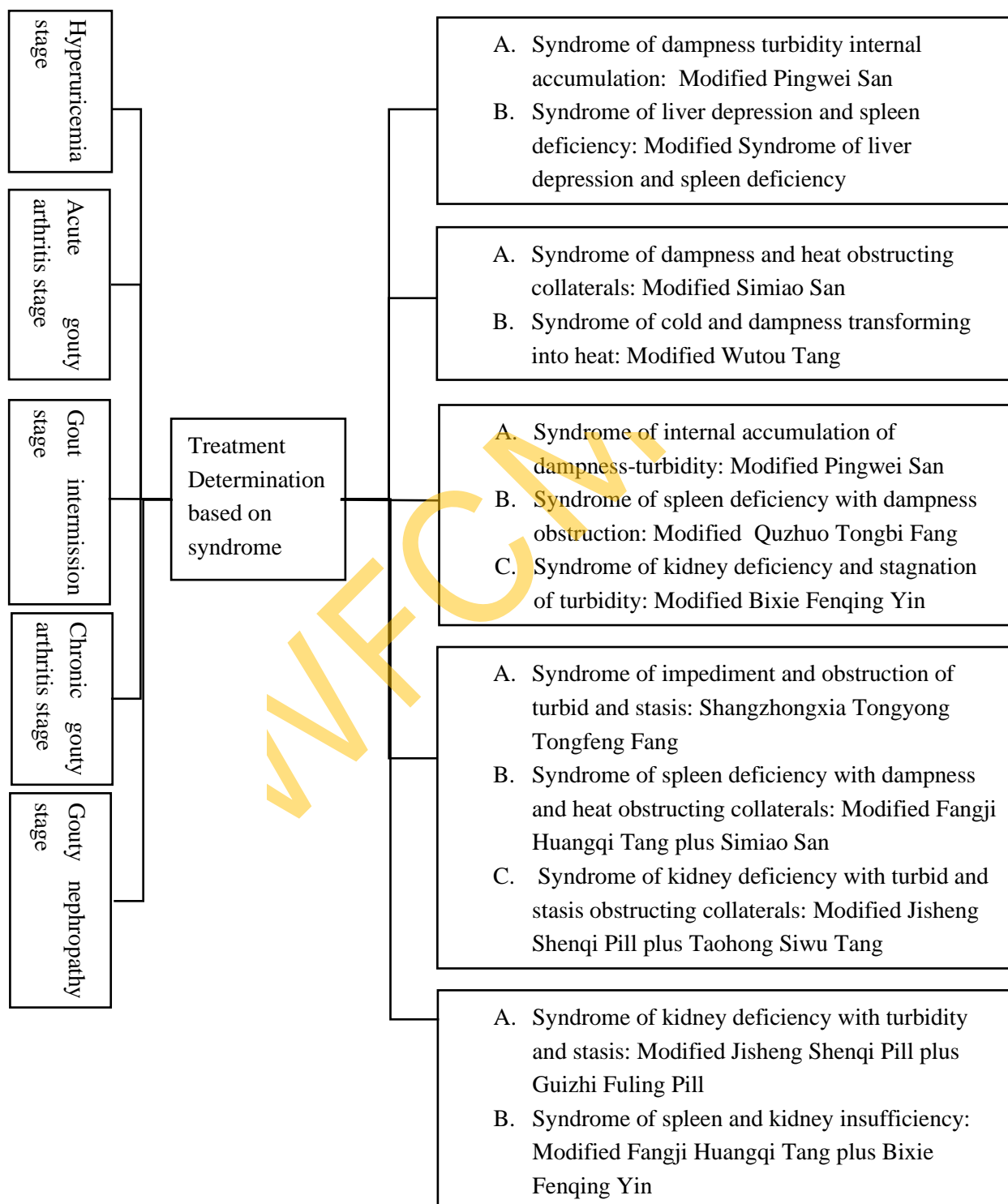
If the hyperuricemia stage is not treated in time, wet turbidity flow is injected into meridians, deposited in joints, depression and heat; Or by exogenous wind, cold and damp pathogens, it is prone to acute gouty arthritis.

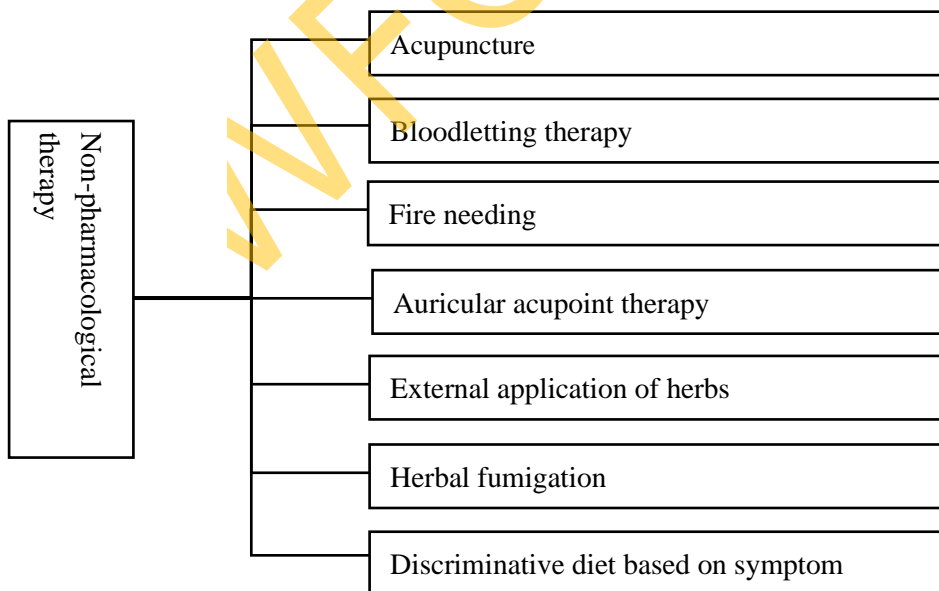
If the acute gouty arthritis is relieved, but the liver depression is not sparse or the spleen deficiency is lost, and the dampness and turbidity are revived, it often enters the intermittent period of gout.

If the intermittent period of gout is not effectively treated, the dampness and turbidity are aggravated, the meridians are overflow, the joints are deposited, the heat is generated by long-term depression and blood stasis, or the joint swelling and pain are prolonged and repeated due to the recurrence of external pathogens, then the chronic gouty arthritis stage is prone to occur clinically.

If gout is prolonged and not healed, the dampness and turbidity are accumulated, the blood stasis is removed and the poison is fermented, the spleen and kidney are deficient, resulting in the dysfunction of spleen and kidney transportation and secretion, which is easy to cause gout nephropathy in clinical practice.

Annex D
(Normative)
TCM Treatment of Gout





**Annex E
(Informative)**

**Classification of evidence quality and definition of
recommendation strength**

E.1 GRADE, evidence quality classification and definition

The Grading of Recommendations Assessment Development and Evaluation (GRADE) criteria, established in 2004, was employed to assess the quality of evidence within this guideline.

Table E.1 GRADE, quality of evidence rating definitions

Quality of Evidence	Definition
High	There is high confidence that the observed values are close to true, and further studies are unlikely to change the confidence of the observed values.
Moderate	Moderate confidence in observed values: The true values may be close to the observed values, but it is still possible that they are different, and further research could alter the confidence of the observed values and possibly change the observed results.
Low	Confidence in an observed value is limited: The true value may differ substantially from the observed value, and further research will most likely change the confidence in the observed value and probably the result of that observation.
Very low	The observed values lack sufficient confidence: The true values may differ significantly from the observed ones; they could even deviate substantially from the results based uncertain.

E.2 Strength of Recommendation Rating Definitions

The strength of recommendation in this guideline is based on the current best evidence such as relevant guidelines, systematic reviews, and clinical studies, combined with patient willingness and intervention cost.

Table E.2 Strength of recommendation rating definitions

Strength of Recommendation	Definition
Strong	For clinicians, the majority of them would opt to utilize the recommendations. As for patients, the recommendations, with only a minority choosing not to do so. In terms of policy makers, recommendations are predominantly adopted as official policies.
Weak	For clinicians, it is imperative to acknowledge that individual patients possess unique requirements and should assist each patient in making decisions that align with their values and preferences. For patients, the majority would adhere to the recommendations; however, of patients who may not. As for policy makers, formulating policies necessitates comprehensive deliberation and engagement from multiple stakeholders.

References

- [1] Dong X, Xiaoxia Z, Hejian Z, et al. Clinical practice of gout [J]. Chin J Med, 2023,62(9):1068-1076.
- [2] Quan J, Man H, Xiaopo T, et al. Guidelines for the combined diagnosis and treatment of gout and hyperuricemia [J]. Chinese Journal of Traditional Chinese Medicine, 2021,62(14):1276-1288.
- [3] Qing N. Guidelines for the diagnosis and treatment of hyperuricemia and gout (2021-01-20) [J]. World Journal of Traditional Chinese Medicine, 2021,16(02):183-189
- [4] Wei L. Guideline of integrated traditional Chinese and western medicine for the diagnosis and treatment of gout and hyperuricemia [J]. Chinese Journal of Traditional Chinese Medicine, 2023,64(01):98-106.
- [5] Ningyuan F, Liwei L, Xiaoxi L, et al. Chinese multidisciplinary expert consensus on diagnosis and treatment of hyperuricemia-related diseases (2023 version) [J]. Chin J Practical Med, 2023,43(06):461-480.
- [6] Yongsheng F. Clinical rheumatology of integrated traditional Chinese and western medicine [M]. Chinese Medicine Press, 2021.
- [7] Zhizheng L, Shude J. Practical rheumatology of traditional Chinese medicine [M]. People's Medical Publishing House, 1996.
- [8] Xiaoping Y. Handbook of diagnosis and treatment of common rheumatic diseases [M]. China Medical Science and Technology Press, 2011.
- [9] Xiaoyu Z. Guiding principles for clinical research of new Chinese medicine [M]. China Medical Science and Technology Press, 2002.
- [10] National administration of traditional Chinese medicine (NATCM) diagnostic efficacy criteria of TCM syndrome [M]. Nanjing University Press, 1994.
- [11] Naili Y. Syndrome differential diagnosis of traditional Chinese medicine [J]. People's Medical Publishing House, 2002.
- [12] Zujiao T, Qianqian L, Dehong W, et al. Treatment of primary gout from Xuanfu [J]. Chinese Journal of Traditional Chinese Medicine, 2019,60(22):1978-1980.
- [13] Qiao D, Xianghui W, Wenqing L, et al. Relationship between spleen deficiency and dampness and intestinal flora in intermittent gout [J]. Chinese Journal of Traditional Chinese Medicine, 2019,60(20):1728-1731.
- [14] Qiuping L, Huiqing L, Zhixing H, et al. Study on the evolution of TCM syndromes of gout [J]. Zhejiang Journal of Traditional Chinese Medicine, 2019,54(03):183-184.
- [15] Yiran Y, Lijiao H, Haichang L, et al. On the ancient and modern evolution of gout treatment from "Damp phlegm and blood stasis" [J]. China Emergency Medicine of Traditional Chinese Medicine, 2019,28(01):147-149.
- [16] Fenfen L, Wei Y, Haichang L, et al. Relationship between dampness and gout based on the theory of "internal dampness causes arthralgia" [J]. China Emergency Medicine of Traditional Chinese Medicine, 2015,24(01):96-98.
- [17] Lin H, Fenfen L, Xi B, et al. Professor Chengping Wen's experience of treating gouty arthritis by stages with internal and external therapy [J]. China Emergency Medicine of Traditional Chinese Medicine, 2014,23(12):2223-2225.
- [18] Jia L. Clinical effect of Pingwei powder combined with Guizhi Shaoyao Zhimu decoction in the treatment of chronic gouty arthritis [J]. General Health, 2022(7):108-110.
- [19] Jian L, Jieying Z, Peng S, et al. Therapeutic mechanism of Pingwei powder combined with Guizhi-Shaoyao-Zaimu decoction in the treatment of chronic gouty arthritis [J]. Chinese Journal of Experimental Formulary, 2018,24(1):180-185.

- [20] Hanxiang L. Clinical effect of Pingwei powder combined with Guizhi Shaoyao Zaimu decoction in the treatment of chronic gouty arthritis [J]. *Special Health*, 2019(30):64.
- [21] Xiaochao X, Guangshan L, Yang L, et al. Meta-analysis of clinical efficacy of modified Simiao decoction in the treatment of acute gouty arthritis of damp-heat accumulation type [J]. *Clinical Research of Chinese Medicine*, 2012,14(07):130-134.
- [22] Yihua F, Wei L, Xinyan W, et al. Efficacy and safety of modified Simiao powder combined with colchicine in the treatment of acute gouty arthritis: a Meta-analysis [J]. *Journal of Tianjin University of Traditional Chinese Medicine*, 2021,41(05):602-611.
- [23] Chengping W, Yongsheng F, Zhijun X, et al. Quzhuo Tongbi granule [P]. Zhejiang Province: CN101884749B,2011-09-14.
- [24] Xie Z, Wu H, Jing X, et al. Hypouricemic and arthritis relapse-reducing effects of compound tufuling oral-liquid in intercritical and chronic gout: a double-blind, placebo-controlled, multicenter randomized trial. *Medicine (Baltimore)*. 2017;96(11):e6315.
- [25] Jiaqi L, Tiancheng W, Lei Y, et al. Effect of internal and external combination of traditional Chinese medicine in the treatment of 60 cases of acute gouty arthritis [J]. *Yunnan Journal of Traditional Chinese Medicine and Chinese Materia Medica*, 2018,39(11):26-27.
- [26] Lingling Z. Clinical analysis of Bixie Fenqing decoction in the treatment of 28 cases of gouty arthritis [J]. *Chinese and Foreign Med*, 2019,38(16):184-186.
- [27] Wenhong Z, Jinshan B. Bixie Fenqing pill in the treatment of 30 cases of hyperuricemia [J]. *Journal of Rational Use of Medicine*, 2017,10(08):45-46.
- [28] Ganxin L. Treatment of hyperuricemia with modified Bixie Fenqing decoction [J]. *Guangming Traditional Chinese Medicine*, 2011,26(05):957-958.
- [29] Zhaohui X, Guoyi L, Qing Z, et al. Clinical efficacy of Erchen decoction and Bixie-Fenqing decoction in the treatment of acute cerebral infarction with hyperuricemia syndrome of phlegm and blood stasis [J]. *Chinese Journal of Experimental Formulary*, 2023,29(15):79-87.
- [30] Zhengkai L, Feng Z, Jinhuan W, et al. Treatment of acute gouty arthritis with upper, middle and lower common gouty recipe [J]. *Henan Traditional Chinese Medicine*, 2018,38(09):1381-1383.
- [31] Jingjing L, Donglin H, Lamei Z, et al. Effect of upper, middle and lower general gouty decoction combined with meloxicam on acute gouty arthritis [J]. *Modern Journal of Integrated Traditional Chinese and Western Medicine*, 2021,30(31):3460-3463+3471.
- [32] Shenghong H. Clinical study on the treatment of rheumatoid arthritis with modified Tongfeng decoction [J]. *Asia-pacific Traditional Medicine*, 2017,13(22):158-159.
- [33] Ping W. Clinical observation of upper, middle and lower common gouty formula in the treatment of acute gouty arthritis [J]. *Guangming Traditional Chinese Medicine*, 2014,29(04):743-744.
- [34] Feng Z, Liang C. Clinical study of "upper, middle and lower general Gouty Prescription" for relieving acute gouty arthritis [J]. *Chinese Journal of Psychology*, 2017,23(35):152-153.
- [35] Jinquan T, Yan Z. Effect of traditional Chinese medicine comprehensive therapy on gouty arthritis [J]. *Shenzhen Journal of Integrated Traditional Chinese and Western Medicine*, 2020,30(03):52-53.
- [36] Haiyan C, Huaizhen L, Xinliang C. Clinical study on the treatment of acute gouty arthritis with acupuncture combined with medicine [J]. *Modern Traditional Chinese Medicine*, 2021,41(5):85-89.
- [37] Xiaoling Y, Huan L, Liang C, et al. Effect of Fangji Huangqi decoction and febuxostat on gouty arthritis of spleen deficiency dampness obstruction [J]. *Chinese Continuing*

Medical Education, 2018,10(25):142-144.

Tianyou L. Treatment of 34 cases of gouty renal pain with Jisheng Shenqi pill combined with Shenling-Baizhu powder [J]. Hunan Journal of TRADITIONAL Chinese Medicine, 1999(01):28.

- [38] Tianyou L. Treatment of 34 cases of gouty renal pain with Jisheng Shenqi pill combined with Shenling-Baizhu powder [J]. Hunan Journal of TRADITIONAL Chinese Medicine, 1999(01):28.
- [39] Yinghua L, Yuyan D, Dejun W. Treatment of 30 cases of chronic gouty arthritis with Pingwei powder and Jisheng Shenqi pill [J]. Sichuan Traditional Chinese Medicine, 2007(09):50-51.
- [40] Yonghui W, Dong H. Effect of modified Shenling Baichu powder in the treatment of intermittent gouty arthritis [J]. Journal of Rational Clinical Use of Drugs, 2019,12(01):127-128.
- [41] Shimei S. Clinical observation of Shenling Baichu powder in the treatment of 60 cases of gouty arthritis [J]. Abstract of World Latest Medical Information, 2014(35):82-83.
- [42] Limin L, Li Qin, Feng S, et al. Effect of modified Shenling Baizhu powder on gouty arthritis and its influence on prognosis [J]. Liaoning Journal of Traditional Chinese Medicine, 222,49(06):91-94.
- [43] Huang G, Yiping Y. Efficacy evaluation of Jingui Shengqi pill in the treatment of gouty nephropathy [J]. Chin J Traditional Chinese Medicine, 2016,34(11):2808-2810.
- [44] Xinghe C, Jiuzhang M, Xia L, et al. Effect of Jingui Shenqi pill in the treatment of gout [J]. World Journal of Integrated Traditional Chinese and Western Medicine, 2014,9(02):175-176.
- [45] Mingjiu Z, Yi C, Li W, et al. Clinical study of Simiao pill combined with benzbromarone in the treatment of gouty arthritis [J]. Modern Medicine & Clinic, 2019,34(03):820-823.
- [46] Jing X, Zhigong Y, Yifang C, et al. Clinical efficacy of Zhengqing Fengtongning in the treatment of senile acute gouty knee arthritis with damp-heat accumulation [J]. Hubei Journal of Traditional Chinese Medicine, 2017,39(10):8-11.
- [47] Weixi S. Effect of Danggui Niantong pill combined with Shuitiao powder on acute gouty arthritis [D]. Liaoning University of Traditional Chinese Medicine, 2012.
- [48] Zhuojun Z, Ying S, Xiaoling Y, et al. Clinical efficacy and safety of Bixie Fenqing pill combined with allopurinol in the treatment of gout patients with hyperuricemia [J]. Journal of Fudan Journal (Med Edition), 2020,47(02):245-250.
- [49] Chang H, Han W, Yonghong X. Meta-analysis of acupuncture combined with traditional Chinese medicine in the treatment of gouty arthritis [J]. Chinese National and Folk Medicine, 2021,30(08):51-54.
- [50] Jinhuan Z, Yirong C, Kai L, et al. Effect of different acupuncture and moxibustion therapies on serum uric acid and pain in patients with acute gouty arthritis: a network meta-analysis [J]. Chin J General Med, 2021,24(08):1001-1010.
- [51] Zhihui L, Min C, Chunzhi T. Meta-analysis of the prognosis and safety of acupuncture and moxibustion in the treatment of gouty arthritis [J]. Chin J Clin Research, 2021,35(02):149-156+166.
- [52] Huangxin Z, Chuhan W, Zhaoxia Z, et al. Meta-analysis of acupuncture combined with moxibustion in the treatment of gouty arthritis [J]. Chinese Journal of Clinical Medicine, 2019,31(06):1069-1073.
- [53] Liu P, Deng L, Lv Y, et al. Single acupuncture treatment can reduce the level of uric acid and alleviating pain in gouty arthritis, a meta-analysis [J]. Acupuncture and Electro-Therapeutics Research, 2021,46(2):147~158.
- [54] Li SH, Hu WS, Wu QF, et al. The efficacy of bloodletting therapy in patients with acute

- gouty arthritis: a systematic review and meta-analysis. *Complement Ther Clin Pract.* 2022;46:101503.
- [55] Xiaoyu L, Yu G, Shasha Y, et al. Meta-analysis of fire needling therapy for gouty arthritis [J]. *China Medicine Guide*, 2021,18(20):135-139.
- [56] Deng K, Li L, Pan T, et al. Meta-analysis and trial sequential analysis on blood uric acid and joint function in gouty arthritis treated with fire needling therapy in comparison with western medication[J]. *World Journal of Acupuncture - Moxibustion*,2022,32(1):49~60
- [57] Xiaoyi F, Zhaoyang L, Cuina L, et al. Clinical observation on the treatment of acute gouty arthritis with meridian flow injection and najia method combined with fire needling [J]. *Journal of Guangzhou University of Chinese Medicine*, 2012,39(2):350-355.
- [58] Xiuqun S, Peilan L, Xiaojuan Z. Effect of auricular point sticking combined with Yinchen-wuling powder in the treatment of acute gouty arthritis [J]. *Journal of Guangzhou University of Chinese Medicine*, 2019,36(09):1348-1352.
- [59] Lirong L. Clinical observation of modified Simiao pill combined with ear acupoint bean-pressing in the treatment of chronic heart failure complicated with hyperuricemia [J]. *Clinical Research of Chinese Medicine*, 2019,11(20):34-36.
- [60] Guangfeng L, Feiding P, Hong G, et al. Clinical observation of cupping therapy combined with auricular point sticking in the treatment of hyperuricemia with damp-heat [J]. *Research of Integrated Traditional Chinese and Western Medicine*, 2019,11(05):251-253.
- [61] Nan L, Mingyue H. Clinical observation of Acid-reducing Chubi decoction combined with ear acupoint seed embedding in the treatment of gouty nephropathy [J]. *Journal of Practical Traditional Chinese Medicine Internal Medicine*, 2019,33(09):46-48.
- [62] Yurong Q, Yong J, Qing H, et al. Clinical effect of Sanhuang powder combined with auricular point application in the treatment of gouty arthritis [J]. *Frontiers in Medicine*, 2021,11(8):172-173.
- [63] Mingzhu K, Xiaoyan F, Shengju L, et al. Clinical effect of Jianpi Bushen Erxian granule combined with auricular point in the treatment of chronic gouty arthritis [J]. *Chinese Medical Innovation*, 2020,17(31):84-88.
- [64] Huanmei L, Cailing Z, Ruifeng Z, et al. Systematic review and meta-analysis of topical Sihuang preparation in the treatment of acute gouty arthritis [J]. *Lingnan Journal of Emergency Medicine*, 2021,27(02):175-180.
- [65] Zilin G, Yanglu G, Jiale H, et al. Meta-analysis of efficacy and safety of external application of traditional Chinese medicine combined with medication in the treatment of acute gout [J]. *World Journal of Integrated Traditional Chinese and Western Medicine*, 2023,18(03):478-487+500.
- [66] Chengping W, Ying Y, Huanpeng G, et al. Gouty arthritis foot bath powder [P]. *Zhejiang: CN101897767A*,2010-12-01.
- [67] Donglin W. Effects of Qingre Tongbi decoction combined with fumigation and washing of traditional Chinese medicine on knee joint function, CRP and SUA levels in patients with acute gouty arthritis [J]. *Guangming Traditional Chinese Medicine*, 2020,35(18): 2880-2882.
- [68] Deqiong S, Songbai W. Effect of Qingre Xiezhuo Tongbi decoction combined with traditional Chinese medicine fumigation and washing on knee joint function, ESR and BUA in patients with AGA [J]. *Modern Medicine and Health Research (Electronic edition)*, 2020,4(3): 111-113.
- [69] Haifang X, Jianxin X, Haiqing Q. Treatment of 30 cases of acute gouty arthritis with Qingre-Tongbi decoction combined with traditional Chinese medicine fumigation [J].

- Shandong Journal of Traditional Chinese Medicine, 2013,32(05): 311-312.
- [70] Yifeng Y, Qin Sun. Effect of modified fumigation and washing with Simiao powder on inflammatory factors and SOD levels in patients with acute gouty arthritis [J]. Chinese Journal of Clinical Medicine Literature, 2020,7(25): 164-165.
- [71] Chengliang Z, Tao H. Clinical study of Simiao Zhitong decoction combined with fumigation and washing in the treatment of acute gouty arthritis [J]. Journal of Liaoning University of Traditional Chinese Medicine, 2011,13(06): 176-177.
- [72] Bolong L. Effects of modified fumigation and washing with Simiao powder on inflammatory factors and SOD levels in synovial fluid of patients with acute gouty arthritis [J]. Asia-pacific Traditional Medicine, 2017,13(24): 150-152.
- [73] Wufen L, Yan Z, Weixiu Z, et al. Effect of external application of traditional Chinese medicine combined with diet therapy on the clinical efficacy of patients with gouty arthritis [J]. Liaoning Journal of Traditional Chinese Medicine, 2020,47(11):106-108.
- [74] Yanling W, Li L. Effect of traditional Chinese medicine dialectical medicinal porridge on chronic gout [J]. Medical Food Therapy and Health, 2020,18(23):19-20+25.
- [75] Xiao Y, Yuting F, Xiaoming H. Effect of lily and rice kernel porridge on asymptomatic hyperuricemia in 50 cases [J]. Zhejiang Journal of Traditional Chinese Medicine, 2018,53(04):244-245.
- [76] Qingshen Z, Jia L, Jianghong L. Effect of traditional Chinese medicine on primary hyperuricemia [J]. Modern Hospital, 2015,15(06):64-65+68.
- [77] Neilson J, Bonnon A, Dickson A, Roddy E; Guideline Committee. Gout: diagnosis and management-summary of NICE guidance. *BMJ*. 2022;378:o1754.