

Concise Review of Recent Evidence on Integrated Traditional Chinese and Western Medicine Treatment for ‘Real-Heart Pain’ (Angina Pectoris)

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ABSTRACT

Background: In traditional Chinese medicine (TCM), the term “real-heart pain” encompasses clinical manifestations that correspond to angina pectoris and myocardial infarction in modern Western medicine. For over two millennia, TCM has developed extensive empirical approaches for managing real-heart pain, often characterized by low cost and practical efficacy. In contrast, Western medicine provides a well-established scientific framework and evidence-based treatments for angina pectoris and myocardial infarction, albeit with higher healthcare costs. Integrating these two paradigms may yield improved clinical outcomes.

Objective: This review aims to provide a concise summary of recent evidence (2020-2025) on the integrated treatment of real-heart pain using TCM and Western medicine, with a focus on angina pectoris and myocardial infarction.

Methods: A comprehensive literature search was conducted using CNKI, Wanfang, PubMed, and ResearchGate databases to identify relevant publications from 2020 to 2025. The search focused on clinical reports, including randomized controlled trials (RCTs), systematic reviews, meta-analyses, and clinical guidelines related to the integrative treatment of coronary heart disease, angina pectoris, and myocardial infarction.

Results: Sixteen clinical studies met the inclusion criteria. These included RCTs, systematic reviews, meta-analyses, and guidelines evaluating the combined use of TCM and Western medical approaches. The integrated treatments consistently demonstrated significant improvements in clinical outcomes compared to conventional therapy alone, including enhanced symptom relief, improved cardiac function, better prognoses, and reduced treatment costs.

Conclusion: Evidence from the past five years supports the clinical value of integrating TCM with Western medicine in the management of real-heart pain, particularly angina pectoris and myocardial infarction. This approach may offer superior efficacy, enhanced prognosis, and economic advantages over conventional treatment alone.

Keywords: Real-heart pain; Angina pectoris; Coronary heart disease; Myocardial infarction; Integrated traditional Chinese and Western Medicine

BACKGROUND

Angina pectoris (AP), a primary symptom of coronary heart disease (CHD), is encompassed within the traditional Chinese medicine (TCM) diagnosis of “real-heart pain” or “chest pain.” This is because TCM diagnoses are generally formulated based on patterns of clinical signs and symptoms,

in line with the framework recognized by the World Health Organization’s International Classification of Diseases, 11th Revision (ICD-11) [1,2].

In its early stages, CHD may be asymptomatic. However, as atherosclerotic plaques accumulate and significantly obstruct coronary blood flow, myocardial ischemia, hypoxia, and

eventually necrosis may occur, resulting in acute myocardial infarction (AMI) [3]. Modern medical treatments for AMI include thrombolytic therapy, percutaneous coronary intervention (PCI), and coronary artery bypass grafting (CABG). These interventions aim to restore blood flow to the ischemic myocardium, limit infarct size, reduce mortality, and improve long-term prognosis [4].

Despite their effectiveness, conventional Western medical treatments for AP and AMI present certain limitations, such as high costs, adverse drug reactions, and procedural risks. In contrast, TCM has a long-standing history of treating real-heart pain, with perceived advantages including lower financial burden, fewer side effects, and broader acceptance among both patients and healthcare providers in China and internationally [2-6]. Recent big data analyses indicate that integrative approaches combining TCM and Western medicine have become increasingly common in clinical practice for AP management [3-5].

This article aims to provide a concise review of recent evidence (2020–2025) on the integrative treatment of real-heart pain using TCM and Western medicine, with particular attention to angina pectoris and myocardial infarction.

METHODS

Relevant evidence was collected from major academic databases including CNKI, Wanfang, PubMed, and ResearchGate. The search covered literature published between January 1, 2020, and June 20, 2025, focusing on the integrative treatment of coronary heart disease (CHD), angina pectoris (AP), and myocardial infarction (MI).

Inclusion criteria comprised randomized controlled trials (RCTs), systematic reviews, meta-analyses, and clinical guidelines that investigated the combined use of traditional Chinese medicine (TCM) and Western medicine in the treatment of AP or MI. Exclusion criteria included expert opinion articles, case reports, and uncontrolled studies.

Search terms included both English and Chinese keywords: “angina pectoris,” “myocardial infarction,” “integrated treatment,” “real-heart pain,” “true heart pain” (真心痛), and “chest pain” (胸痛). Searches in CNKI and Wanfang were conducted in both languages by bilingual reviewers. Chinese-language articles included in the final review were translated into English using official translation tools provided by CNKI and Wanfang.

The review process followed the PRISMA 2020 (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines [7].

A total of 16 clinical publications met the inclusion criteria,

comprising randomized controlled trials (RCTs), systematic reviews, meta-analyses, and clinical guidelines related to the integrative treatment of real-heart pain (angina pectoris and myocardial infarction) using combined traditional Chinese medicine (TCM) and Western medical approaches.

The reviewed studies included patients both post-percutaneous coronary intervention (PCI) and those who had not undergone PCI. Across both patient groups, integrative treatment consistently demonstrated superior clinical outcomes compared to conventional Western medicine alone. Reported improvements included enhanced symptom relief, better control of anginal episodes, improved cardiac function, reduced inflammatory markers, and improved quality of life. These outcomes will be elaborated in detail in the following sections.

RESULTS

There are 16 clinical reports, including RCTs, systematic reviews, meta-analyses, medical guidelines, fulfilling the inclusion criteria regarding integrative treatment of “real-heart pain” (AP, myocardial infarction) using integrative TCM and Western medicine. The cases include patients after PCI and who have not undergone PCI. Both types of patients showed significant multifaceted improvements with integrative treatment than conventional treatment alone, as will be elaborated as follows.

Lan ZZ reported the effectiveness and safety of TCM Luhong Recipe on patients with ST elevation myocardial infarction (STEMI) after PCI. The treatment group was given basic medical treatment + Luhong Recipe, and the control group was given basic medical treatment + placebo, both given for 12 weeks. The results showed that the treatment group was significantly better than the control group in heart functional indexes (LVEF, FS, LVEDV, LVESV), TCM clinical syndromes, quality of life score, and total effective rate (81.39% vs 60.97%). Besides, the incidence of cardiac insufficiency events within 24 weeks of the treatment group showed a decreasing trend, and no abnormal laboratory and symptoms of adverse drug reactions were found related to the TCM drug [8]. Jia XR reported similar results using TCM Shuguan Recipe for STEMI patients after PCI [9].

Chen and Wang reported Xuefu Zhuyu decoction combined with acupuncture therapy for 60 CHD patients after PCI. The results showed the integrated treatment group was significantly higher in cardiac functional indexes CO, SV, LVEF, while lower in anxiety and depression scores than the control group ($P < 0.05$) [10]. Dai XX et al reported similar study on 98 stable angina pectoris patients after PCI, the results were that Xuefu Zhuyu decoction integrated treatment group showed higher total effective rate, improved cardiac

function, and lower levels of serum inflammatory factors IL-6 and hs-CRP than those of the control group (all $P < 0.05$) [11].

Wang J, et al. used Wushen decoction as integrated treatment, and conventional treatment alone as control for 88 AMI patients after PCI. The results showed that the hemorheological indexes, levels of CRP and TNF- α , serum MDA and SOD, LVESD, the incidence of cardiovascular adverse events in the integrated treatment group were significantly lower than those in the control group ($P < 0.05$); while the LVEF in the integrated treatment group was significantly higher than that in the control group ($P < 0.05$). There was no significant difference in the incidence of adverse reactions between both groups ($P > 0.05$) [12]. While Yang and Liao investigated the effect of integrated treatment with Astragalus Baixin decoction in patients with myocardial infarction after PCI. The results showed that the TCM decoction could effectively improve the cardiac function of patients with myocardial infarction after PCI, stabilize the levels of oxidative stress and inflammatory factors in patients, and improve the degree of vascular endothelial and myocardial injury and clinical symptoms in patients compared to the control group (all $P < 0.05$) [13].

The most recent published RCT by Wu ZH et al reported integrated treatment with Xinbishun Recipe involving 80 AMI patients after PCI. The results showed that the total clinical effective rate, myocardial function and vascular endothelial function indexes, serum levels of nitric oxide improved better in the treatment group than the control group (all $P < 0.05$). There was no significant difference in the incidence of adverse reactions between the two groups ($P > 0.05$). The total incidence of cardiac adverse events in the integrated treatment group was lower than that in the control group at 6 months follow-up ($P < 0.05$) [14].

There are 7 reports reviewed above about various TCM recipes used in combination with conventional treatment for CHD patients after PCI. All the results point out that the integrative treatment is more effective in improving significantly the total effective rates, clinical symptoms, quality of life and prognosis of the patients investigated, without increasing the incidence of adverse drug reactions, than those of the control group treated with conventional medicine alone.

The integrative treatment with TCM on the basis of conventional treatment has also been reported to bring significant improvements than the conventional treatment alone for CHD patients who have not undergone PCI, as elaborated herewith.

Meng LL, et al. analyzed the clinical effect of Yiqi Tongmai decoction in the treatment of AP after myocardial infarction

and its effect on the quality of life of totally 90 patients. The results showed that the total effective rate of the treatment group was significantly higher than the control group (95.56% vs 77.78%, $P < 0.05$), while the incidence of cardiac adverse events in the treatment group was significantly lower than the control group (6.67% vs 22.22%, $P < 0.05$) [15]. Zhang S also studied the effect of Yiqi Tongmai decoction in the treatment of 70 CHD patients complicated with AP. Besides better clinical results, the plasma viscosity and hematocrit of the treatment group were significantly lower than the control group ($P < 0.05$) [16].

Li JL, et al. reported a systematic review involving 12 RCTs (quality of the studies was C) with a total of 925 patients to evaluate the integrated treatment with Xiaoxianxiong decoction for CHD patients with AP. The results showed that the integrated treatment group could improve total ECG and AP clinical effective rates significantly than those of the control group ($P < 0.05$) [17].

Zhang YZ systematically reviewed 15 RCTs involving 1398 post AMI patients treated with the benefiting qi and activating blood circulation TCM recipe on the basis of conventional treatment to evaluate its effect on ventricular remodeling and long-term prognosis after AMI. The results showed that integrative treatment could inhibit ventricular remodeling, improve cardiac function, reduce the syndrome score of qi deficiency and blood stasis, reduce the incidence of major adverse cardiovascular events (MACE) and improve the long-term prognosis in patients suffering from AMI. The possible cellular and molecular mechanisms of the effects were also mentioned, such as inflammation, apoptosis and autophagy, by regulating cytokine binding and related kinase activities [18].

Chen W, et al. conducted meta-analysis on nine RCTs with low risk of bias involving 824 CHD patients with AP. The results showed that compared to the conventional medicine alone, the integrative treatment with TCM and conventional medicine led to a better quality of life, lower incidence and duration of AP, lower total cholesterol concentration of the treatment group than the control group ($P < 0.05$) [19].

Chen Y, et al. reported a large scale multi-centre cohort study involving 22 hospitals and 1042 AP patients to evaluate the efficacy of TCM in the prevention and treatment of stable AP in patients with CHD. A total of 423 patients were treated with standardized conventional medicine alone (control group) and 619 with a combination of TCM and conventional medicine (treatment group). Both groups underwent follow-up for 1 year. The results showed that the incidence of primary endpoint events in the treatment group decreased by 0.45% ($P > 0.05$) and the incidence of secondary

terminal events decreased by 5.25% compared to the control group ($P<0.05$). The total AP score decreased in both groups, but more prominent in the treatment group. It was concluded that integrated treatment reduced the incidence of cardiovascular events in patients with stable AP (grade II endpoint) and effectively improved the curative effect compared to conventional treatment alone [20].

Yu LH, et al. reported a prospective real-world cohort study involving 690 CHD inpatients with stable AP, with 327 patients in the integrated treatment group and 363 patients in the conventional treatment group. The patients were divided into integrated treatment and conventional treatment groups according to whether they had been taking Chinese medicine for more than 6 months per year. They were followed up for 1 year. The results showed that the occurrence of composite cardiovascular events (CVE) including cardiac death, non-fatal myocardial infarction, revascularization, stroke, all-cause

death, and readmission due to angina attack, heart failure, or malignant arrhythmia, during follow-up was significantly lower in the integrated treatment group than in the conventional treatment group (5.8% vs 10.2%; $P<0.05$). Hence it was concluded that integrated treatment could improve patients' prognosis and reduce the occurrence of CVE [21].

There are 7 reports reviewed above about various TCM recipes used in combination with conventional treatment for CHD patients with AP who have not undergone PCI. All the results point out that the integrative treatment is more effective in improving significantly the total effective rates, clinical symptoms, quality of life, and prognosis of the patients investigated, without increasing the incidence of adverse drug reactions, than those treated with conventional medicine alone.

To facilitate readability, all the reviewed evidences in the present study are summarized in the Table 1.

Table 1: Summary of the 16 reviewed evidences of integrative treatment with TCM and conventional medicine for “real-heart pain” (angina pectoris) patients.

No.	Author, year	Study design	Sample size	Outcome
1	Chinese Association of Integrative Medicine, 2023.	-	-	Clinical Practice Guideline of Integrative Chinese and Western Medicine for Coronary Atherosclerosis.
2	Chinese Association of Integrative Medicine, 2023.	-	-	Diagnosis and treatment Guideline of Integrative Chinese and Western Medicine for Acute Myocardial Infarction.
3	Lan ZZ, 2021.	RCT	96 STEMI patients after PCI.	The integrative treatment with Luhong recipe group was significantly better than the control group in heart functional indicators (LVEF, FS, LVEDV, LVESV), TCM clinical syndromes, quality of life score, and total effective rate (81.39% vs 60.97%). No adverse drug reactions related to the TCM drug.
4	Jia XR, 2024	RCT	60 STEMI patients after PCI.	Integrative treatment with Shuguan recipe significantly improved the clinical efficacy (90.00% vs 83.33), quality of life, the longitudinal and circular movement ability of the endocardial myocardium, enhanced the coordination of endocardial, epicardial, and epicardial myocardial movement and accelerated the postoperative myocardial motor function recovery.
5	Chen & Wang, 2022.	RCT	60 CHD patients after PCI.	The integrated treatment with Xuefu Zhuyu decoction group was significantly higher in cardiac functional indexes CO, SV, LVEF, while lower in anxiety and depression scores than the control group ($P<0.05$).
6	Dai XX, et al, 2024.	RCT	98 stable AP patients after PCI.	The results were the Xuefu Zhuyu decoction integrated treatment group showed higher total effective rate, improved cardiac function, and lower levels of serum inflammatory factors IL-6 and hs-CRP than those of the control group (all $P<0.05$).
7	Wang J et al, 2024.	RCT	88 AMI undergoing PCI.	The hemorheological indexes, levels of CRP and TNF- α , serum MDA and SOD, LVESD, the incidence of cardiovascular adverse events in the Wushen decoction group were significantly lower than those in the control group ($P<0.05$); while the LVEF in the Wushen decoction group was significantly higher than that in the control group ($P<0.05$). There was no significant difference in the incidence of adverse reactions between the Wushen decoction group and the control group ($P>0.05$).

8	Yang & Liao, 2023.	RCT	82 myocardial infarction patients after PCI.	The integrated treatment with Astragalus Baoxin decoction effectively improved the cardiac function, stabilized the levels of oxidative stress and inflammatory factors, improved the degree of vascular endothelial, myocardial injury and clinical symptoms in patients than the control group (all $P < 0.05$).
9	Wu ZH et al, 2025.	RCT	80 AMI patients after PCI.	The integrated treatment with Xinbishun recipe showed a higher total clinical effective rate, higher levels of nitric oxide, lower serum levels of cardiac troponin I, B-type natriuretic peptide, creatine kinase isoenzyme and endothelin 1, lower incidence of cardiac adverse events at 6 months follow-up, than those of the control group ($P < 0.05$); while no significant difference in the incidence of adverse reactions between the two groups ($P > 0.05$).
10	Meng & He, 2020.	RCT	90 AP patients after myocardial infarction.	The integrated treatment with Yiqi Tongmai decoction showed that the total effective rate of the treatment group was significantly higher than the control group (95.56% vs 77.78%, $P < 0.05$), while the incidence of cardiac adverse events in the treatment group was significantly lower than the control group (6.67% vs 22.22%, $P < 0.05$).
11	Li JL et al, 2020.	Systematic review.	12 RCTs involving 925 CHD patients with AP.	The results showed integrated treatment group improved total ECG and AP clinical effective rates significantly than those of the control group ($P < 0.05$).
12	Zhang S, 2021.	RCT	70 CHD patients with AP.	The integrated treatment with Yiqi Tongmai decoction showed better clinical results, the plasma viscosity and hematocrit of the treatment group were significantly lower than the control group ($P < 0.05$).
13	Zhang YZ, 2022.	Systematic review.	15 RCTs involving 1398 post AMI patients.	The integrated treatment with benefiting qi and activating blood circulation TCM recipe could inhibit ventricular remodeling, improve cardiac function, reduce the clinical syndrome, reduce the incidence of MACE, and improve the long-term prognosis in patients significantly compared to the control group ($P < 0.05$).
14	Chen W et al, 2021.	Meta-analysis.	9 RCTs involving 824 CHD patients with AP.	Compared with conventional medicine, the integrative treatment with TCM and conventional medicine had a better quality of life and efficacy indicators of AP, including its incidence and duration, besides the total cholesterol concentration of the treatment group was significantly lower than the control group ($P < 0.05$).
15	Chen Y et al, 2021.	Multi-center cohort study.	22 hospitals and 1042 CHD patients with stable AP: 423 patients were treated with standardized Western Medicine alone (control group) and 619 with integrated Chinese and Western Medicine (treatment group). Both groups were followed up for 1 year.	The results showed that the incidence of primary endpoint events in the treatment group decreased by 0.45% ($P > 0.05$) and the incidence of secondary terminal events decreased by 5.25% compared to the control group ($P < 0.05$). The total AP score decreased more prominent in the treatment group. It was concluded that TCM integrated with Western medical treatment reduced the incidence of cardiovascular events in patients with stable AP (grade II endpoint) and effectively improved the curative effect compared to Western medical treatment alone.
16	Yu LH et al, 2023.	Real-world cohort study.	690 CHD patients with stable AP: 363 patients were treated with conventional medicine (control group) and 327 with integrated Chinese and conventional medicine (treatment group). Both groups were followed up for 1 year.	The results showed that the occurrence of CVE including cardiac death, non-fatal myocardial infarction, revascularization, stroke, all-cause death, and readmission due to angina attack, heart failure, or malignant arrhythmia, during follow-up was significantly lower in the treatment group than in the control group (5.8% vs 10.2%; $P < 0.05$). It was concluded integrated treatment improved patients' prognosis and reduced the occurrence of CVE.

Abbreviations: PCI: percutaneous coronary intervention; STEMI: ST elevation myocardial infarction; CO: cardiac output; SV: stroke volume; FS: fractional shortening; LVEDV: left ventricular end-diastolic volume; LVESV: left ventricular end-systolic volume; LVEF: left ventricular ejection fraction; LVESD: left ventricular end-systolic diameter; CHD: coronary heart disease; AP: angina pectoris; AMI: acute myocardial infarct; CRP: C-reactive protein; TNF- α : tumor necrosis factor- α ; MDA: malondialdehyde; SOD: superoxide dismutase; MACE: major adverse cardiovascular events; IL-6: interleukin 6; hs-CRP: high sensitivity C-reactive protein; CVE: composite cardiovascular events.

CONCLUSIONS

This concise systematic review of evidence published over the past five years demonstrates that the integrative use of traditional Chinese medicine (TCM) alongside conventional Western medicine in the treatment of coronary heart disease (CHD) with angina pectoris (AP) or myocardial infarction is associated with higher clinical effectiveness, improved patient prognosis, enhanced quality of life, and minimal adverse effects, compared to conventional therapy alone.

However, limitations remain. The overall quality of evidence is modest, with potential biases including publication bias, sample population bias, lack of double-blinding, and heterogeneity in study design. Most studies originate from a single-country context and may not be generalizable globally. Therefore, to validate and expand upon these findings, further high-quality research is needed—particularly large-scale, multi-center randomized controlled trials (RCTs) and mechanistic investigations involving diverse populations and international collaboration.

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