

CHINESE HERBAL MEDICINE SUXIAO JIUXIN WAN FOR ANGINA PECTORIS

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A review of the effect of *suxiao jiu xin wan* for angina was conducted by review authors in The Cochrane Collaboration. After searching for all relevant studies, they found 15 studies done by other researchers. Their findings are summarized below.

ANGINA AND SUXIAO JIUXIN WAN

Angina (also called angina pectoris) is usually experienced as pain or discomfort in the chest. It happens when the heart does not get as much blood as it needs because blood vessels to the heart are narrowed or blocked. Angina is a sign that one is at increased risk of heart attacks and other serious heart conditions.

Angina pain is usually triggered by the heart beating faster, often as a result of exertion or anxiety. Angina pain usually lasts for several minutes and becomes better upon rest. Angina is often diagnosed with the help of an electrocardiograph (ECG) test.

Angina treatment aims to both prevent angina attacks and relieve pain. In Western medicine, people with angina are usually treated with beta blockers, nitroglycerin, and/or calcium channel blockers. These drugs either make the heart beat slower or make blood vessels relax, allowing blood to flow more freely to the heart.

Suxiao jiu xin wan is a mixture of herbs that is used in China to prevent and treat angina. *Suxiao jiu xin wan* may be used alone but is often used together with drugs from Western medicine. *Suxiao jiu xin wan* includes the herbs *Ligusticum chuanxiong Hort* and *Borneolum syntheticum*. The use of this combination of herbs is based on a theory that it relaxes the blood vessels in the heart, allowing the blood to flow more freely.

WHAT DOES THE RESEARCH SAY?

Not all research provides the same quality of evidence. The higher the quality, the more certain we are about what the research says about an effect. The words *will* (high quality evidence), *probably* (moderate quality evidence), and *may* (low qual-

ity evidence) describe how certain we are about the effect.

Participants in these studies took low doses of *suxiao jiu xin wan* every day. When experiencing angina attacks, they either took nitroglycerin (xiao xintong) or high doses of *suxiao jiu xin wan*. These participants were compared to people who took only nitroglycerin.

The studies showed that taking *suxiao jiu xin wan*

- may make little or no difference to the number of angina attacks,
- may make little or no difference to the amount of nitroglycerin tablets that people use,
- may lead to a small increase in the number of people whose ECG results improve, and
- probably leads to a small increase in the number of people whose symptoms improve (Table 1).

None of the studies measured the effect of *suxiao jiu xin wan* on the number of people dying from acute heart attack.

Table 1 Results			
What Was Measured	Nitroglycerin	<i>Suxiao Jiu Xin Wan</i>	Quality of Evidence
Sudden death from acute heart attack	Not measured in these studies		—
Number of angina attacks during one month	On average 5.2 attacks	On average 0.7 fewer attacks (0.9-0.5 fewer attacks)*	⊕⊕○○ Low
Number of people whose ECG results improved	56/100	65/100 (59-71/100)*	⊕⊕○○ Low
Number of nitroglycerin tablets used during angina attacks	On average 4.1 nitroglycerin tablets	On average 0.6 fewer tablets (0.9-0.3 fewer tablets)*	⊕⊕○○ Low
Number of people whose symptoms improved	83/100	90/100 (86-94/1000)*	⊕⊕⊕○ Moderate
Side effects	Minor side effects experienced		—

*The numbers in the parentheses show the range in which the actual effect could be.

In general, side effects are poorly documented, and it is difficult to provide precise information. In these studies, some participants experienced side effects, including stomach discomfort, thirst, and reddening of the skin. These symptoms were not serious. Some participants also reported headache and slow heart rate. These symptoms were relieved after a short rest.

SUMMARY OF FINDINGS

As part of its efforts to disseminate the results of Cochrane reviews to a wider audience, the Cochrane CAM Field develops Summary of Findings (SoF) tables (Table 2) and then uses these tables as a basis for our summaries. In each SoF table, we present the most important outcomes of the review, the effect of the intervention on each outcome,

TABLE 2 Summary of Findings: *Suxiao Jiuxin Wan* Compared to Nitroglycerin (Xiaoxintong) for Angina Pectoris

Patient or population: Patients with angina pectoris Settings: China Intervention: <i>Suxiao jiuxin wan</i> Comparison: Nitroglycerin (xiaoxintong)						
Outcomes	Illustrative Comparative Risks* (95% CI)		Relative Effect (95% CI) †	No of Participants (studies)	Quality of the Evidence (GRADE)	Comments
	Assumed risk	Corresponding risk				
	Nitroglycerin (xiaoxintong)	<i>Suxiao jiuxin wan</i>				
Mortality (sudden death from acute myocardial infarction)	See comment	See comment	Not estimable	—	See comment	None of the included studies reported mortality
Frequency of acute attack angina (follow-up: mean 4 weeks)	The mean frequency of acute attack angina in the control groups was 5.2 no of attacks	The mean frequency of acute attack angina in the intervention groups was 0.7 lower (0.9-0.5 lower)		112 (1)	⊕⊕⊕⊕ low ^{1,2}	
ECG improvement (follow-up: mean 4 weeks)	561/1000	651/1000 (589-712)	RR 1.16 (1.05-1.27)	1147 (10)	⊕⊕⊕⊕ low ^{1,3}	
Frequency of nitroglycerin use number of nitroglycerin tablets (follow-up: mean 4 weeks)	The mean frequency of nitroglycerin use in the control groups was 4.1 nitroglycerin tablets	The mean frequency of nitroglycerin use in the intervention groups was 0.6 lower (0.9-0.3 lower)		112 (1)	⊕⊕⊕⊕ low ^{1,2}	
Symptom improvement (follow-up: mean 4 weeks)	829/1000	904/1000 (862-937)	RR 1.09 (1.04-1.13)	1252 (11)	⊕⊕⊕⊕ moderate ¹	
Adverse events	See comment	See comment	Not estimable	—	See comment	None of these trials reported on adverse events

* The assumed risk is calculated based on the median control group risk across the included studies. The corresponding risk (and its 95% confidence interval) is based on the assumed risk in the comparison group and the relative effect of the intervention (and its 95% confidence interval).
† CI indicates confidence interval; RR, risk ratio.

GRADE Working Group grades of evidence
High quality: Further research is very unlikely to change our confidence in the estimate of effect.
Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.
Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.
Very low quality: We are very uncertain about the estimate.

¹ It is unclear how patients were randomized, unclear if allocation concealment was attained, and unclear if there were any dropouts.
² Only one small study.
³ ECG is a surrogate outcome.

and the quality of the evidence for each outcome. The process of developing the SoF table involves deciding which outcomes to present for which time points and evaluating the strength and quality of the evidence for the outcomes. We contacted the authors of this review to request clarification on any points that are not understood in the Cochrane review and also to request their review of the SoF.

WHERE DOES THIS INFORMATION COME FROM?

The Cochrane Collaboration is an independent global network of volunteers dedicated to summarizing research about health care.

This information is taken from this Cochrane Review: Duan X, Zhou L, Wu T, et al. Chinese herbal medicine *suxiao jiu xin wan* for angina pectoris. *Cochrane Database Syst Rev.* 2008 Jan 23;(1);CD004473.

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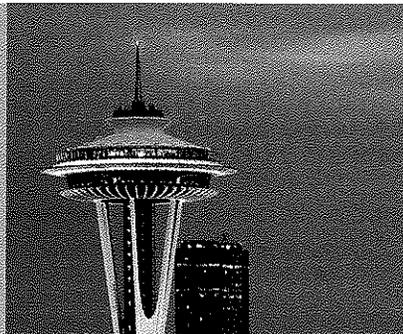
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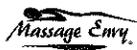
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