**Table 1. Characteristics of the included studies**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **ID** | **Study (Author, year, country)** | **Study design** | **Sample****size** | **Population** | **Type of plant** | **Intervention** | **Duration of treatment** |
| 1 | He 2011China | Multi centered, Randomized, placebo controlled, double blind | 140 | Ischemic stroke in anterior cerebral circulation (commenced within one month) | Sanchitongtshu (panaxatriol saponins extracted from *Radix not ginseng* root) | Group A: Aspirin (50 mg/d) + sanchitongshu (1 capsule TID)Group B: Aspirin (50 mg/d) + placebo (1 capsule TID) | 4 weeks |
| 2 | Oskouei 2013Iran | Randomized, placebo controlled, double blind | 102 | Acute Ischemic stroke | *Ginkgo biloba* | Group A: *G biloba* tablet(40 mg TID)Group B: placebo (40 mg TID) | 4 months |
| 3 | Wei 2017China | Single blind, placebo controlled, Randomized clinical trial | 44  |  Patients with acute ischemic stroke | . *Ligusticum wallichii* (chuanxiong in Chinese) and *Salvia miltiorrhiza* (danshen in Chinese) are two major components of XXMT.  |  | 2 weeks |
| 4 | Wei 2015China | a pilot, randomized, double-blind controlled placebo study | 28  | Patients in the rehabilitation period of ischemic stroke | *Ligusticum wallichii* (chuanxiong in Chinese) and *Salvia miltiorrhiza* (danshen in Chinese) are two major components of XXMT.  | Group A: XXMT tablet oral 0.8 g/ TIDGroup B:Placebo tablet 0.8 g/TID | 3 Months |
| **ID** |

| **Study (author, year, country)** |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |

 | **Primary outcome** | **Secondary outcome** | **Adverse events** | **Result** |
| **1** | He 2011China | 1. improvement in neurological deficit, after 28 days measured with European Stroke Scale **(ESS**)
2. improvement in activities of daily living after 28 days, measured with Barthel index (**BI**)
 | 1. effect of sanchitongshu capsule on haemorrhagic transformation administration (by analysis of blood and urine routine tests, biochemistry tests and electrocardiogram examinations)
 | no severe adverse events or deaths; slight to moderate gastro-intestinal adverse reaction in some of the patients in both groups which lasted for 2-7 days | 1) Significantly better effects of sanchitongshu than aspirin alone in improving activities of daily living and neurological deficit after 28 days of treatment2) synergistic action of sanchitongshu with aspirin in ameliorating the movement of limbs3) No haemorrhagic transformation of the infarct by using sanchitongshu combined with aspirin. |
| **2** | Oskouei 2013Iran | 1. reduction of NIHSS score
 |  | Not reported | - More stage improvement in *G. biloba* group.- No significant differences in regression analysis of the trend of NIHSS scores changes between 2 groups. - more 50% reduction in NIHSS score in *G. biloba* group than placebo group |
| **3** | Wei 2017China | 1. neurologic deficits (NIHSS)
2. quality of life (SSQOL)
 | 1. brain functional connectivity (rs-fMRI)
2. blood viscosity(htc)
 | no severe adverse events or deaths  | Significant improvement of neurological deficit, quality of life and blood viscosity and not infarct volume. |
| **4** | Wei 2015China | neuropsychological tests:general cognitive status and other domains, such as memory(AVLT, ROCF),attention(SCWT, SDMT);, spatial processing (ROCF,CDT) executive function and language ability(SCWT, BNT,CVFT). | brain activation(rsfMRI) | no severe adverse events or deaths  | Cognitive improvement over 3 months of rehabilitation |

Note. TID = Three times in a day; htc= haematocrit; rsfMRI= Resting-state functional magnetic resonance imaging; NIHSS = National Institutes of Health Stroke Scale; SSQOL= Stroke-Specific Quality of Life Scale; ESS = European stroke scale; BI= Barthel index; ROCF= Rey-Osterrieth Complex Figure Test; SCWT= Stroop Color and Word Test; SDMT= Symbol Digit Modalities Test; ROCF= Rey-Osterrieth Complex Figure Test; CDT= Clock Drawing Test; SCWT= Stroop Color and Word Test; BNT= Boston Naming Test; CVFT= Category Verbal Fluency Test

**Table 2. Outcomes in each study**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Study ID** | **NIHSS** | **SSQOL** | **neuropsychological tests** | **rfMRA** | **blood viscosity** | **ESS** | **BI** | **haemorrhagic transformation** |
| 1 |  |  |  |  |  |  |  |  |
| 2 | * \*
 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

**Table 3. Risk of bias**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Trials** | **Random sequence generation** | **Allocation concealment** | **Blinding (Study patient)** | **Blinding (treating physician)** | **Blinding of clinical outcome** | **Incomplete outcome data addressed** | **Free of selective reporting** | **Free of other bias** |
| **He 2011****China** | **+** | **+** | **+** | **+** | **\_** | **+** | **+** | **+** |
| **Oskouei 2013** | **+** | **+** | **+** | **+** | **\_** | **+** | **+** | **\_** |
| **Wei 2017, China** | **+** | **\_** | **?** | **\_** | **\_** | **+** | **+** | **+** |
| **Wei 2015, China** | **+** | **+** | **+** | **+** | **\_** | **+** | **+** | **+** |