Supplementary Material

Would Integrated Western and Traditional Chinese Medicine Have More Benefits for Stroke Rehabilitation? – A Systematic Review and Meta-analysis
### Supplementary Figures

#### Supplementary Figure 1. Improvement of dependency (BI, MBI, ADL)

| Study or Subgroup | Intervention | Mean SD Total | Control | Mean SD Total | Weight | Std. Mean Difference IV, Fixed, 95% CI | Std. Mean Difference IV, Fixed, 95% CI |
|-------------------|--------------|--------------|---------|--------------|--------|----------------------------------------|----------------------------------------|
| **1.1 Barthel Index (BI)** | | | | | | | |
| Li 2012 | 10 | 6.87 | 48 | 4.13 | 3.94 | 46 | 3.3% | 1.03 [0.60, 1.47] |
| Magnusson 1994 | 50 | 12 | 38 | 23 | 35 | 40 | 2.9% | 0.68 [0.23, 1.14] |
| Tang 2016 | 33.27 | 16.23 | 40 | 19.36 | 13.2 | 40 | 2.9% | 0.93 [0.47, 1.39] |
| Wang 2016a | 16.14 | 18.38 | 62 | 14.73 | 18.38 | 62 | 4.9% | 0.08 [-0.28, 0.43] |
| Wang 2016b | 23.83 | 4.03 | 30 | 21.9 | 5.01 | 29 | 2.3% | 0.42 [-0.10, 0.94] |
| Wang 2020 | 21.1 | 12.88 | 102 | 12.08 | 12.61 | 101 | 7.6% | 0.71 [0.42, 0.99] |
| Wei 2016 | 40.5 | 3.17 | 44 | 34.02 | 2.13 | 40 | 1.9% | 2.36 [1.79, 2.92] |
| Xu 2007 | 29.2 | 8.24 | 34 | 27.77 | 8.13 | 34 | 2.7% | 0.17 [-0.30, 0.65] |
| Yan 2019 | 23.55 | 5.5 | 34 | 13.18 | 5.21 | 34 | 1.8% | 1.91 [1.33, 2.49] |
| Ye 2020 | 27.64 | 5.52 | 95 | 18.97 | 4.87 | 95 | 5.6% | 1.66 [1.13, 2.19] |
| **Subtotal (95% CI)** | 527 | | | | | | |
| **Heterogeneity: Ch² = 94.09, df = 9 (P < 0.00001); I² = 90%** |
| **Test for overall effect: Z = 13.60 (P < 0.00001)** |

| **1.2 Modified Barthel Index (MBI)** | | | | | | | |
| Bai 2013 | 30.15 | 14.33 | 40 | 34.56 | 16.76 | 41 | 3.2% | -0.28 [-0.72, 0.16] |
| Chi 2014 | 35.92 | 32.89 | 60 | 17.87 | 35.68 | 60 | 4.6% | 0.52 [0.16, 0.89] |
| Jia 2017 | 25.58 | 13.52 | 26 | 16.2 | 14.45 | 25 | 1.9% | 0.71 [0.14, 1.28] |
| Wang 2019 | 22.85 | 10.97 | 152 | 17.43 | 28.99 | 155 | 12.2% | 0.18 [-0.04, 0.40] |
| Wei 2015 | 19.6 | 11.07 | 50 | 6.82 | 13.39 | 50 | 3.5% | 1.03 [0.61, 1.45] |
| Xia 2015 | 88.3 | 5.89 | 50 | 59.49 | 20.5 | 48 | 2.6% | 1.91 [1.43, 2.39] |
| Xia 2016 | 35.9 | 19.23 | 60 | 17.9 | 20.42 | 60 | 4.3% | 0.90 [0.53, 1.28] |
| Xia 2016a | 25.9 | 13.18 | 61 | 10.92 | 15.49 | 55 | 4.0% | 1.04 [0.65, 1.43] |
| **Subtotal (95% CI)** | 499 | | | | | | |
| **Heterogeneity: Ch² = 69.33, df = 7 (P < 0.00001); I² = 90%** |
| **Test for overall effect: Z = 9.07 (P < 0.00001)** |

| **1.3 Activities of Daily Living (ADL)** | | | | | | | |
| Cheng 2011 | 45.83 | 8.4 | 30 | 36.74 | 12.29 | 30 | 2.2% | 0.85 [0.32, 1.38] |
| Wang 2017 | 26.24 | 10.14 | 38 | 14.66 | 10.54 | 38 | 2.7% | 0.11 [0.62, 1.59] |
| Xu 2016 | 31.11 | 14.62 | 36 | 28.88 | 19.72 | 35 | 2.8% | 0.13 [-0.34, 0.59] |
| Yan 2016 | 25.66 | 4.41 | 30 | 15.88 | 3.99 | 30 | 1.4% | 2.30 [1.62, 2.96] |
| Zhang 2014 | 38.63 | 19.68 | 30 | 27.24 | 18.73 | 29 | 2.2% | 0.60 [0.07, 1.12] |
| Zhang 2020 | 20.03 | 9.69 | 30 | 9.11 | 8.34 | 30 | 2.0% | 1.19 [0.64, 1.74] |
| Zhong 2002 | 65.2 | 17.18 | 48 | 31.7 | 16.96 | 48 | 2.6% | 1.95 [1.46, 2.44] |
| **Subtotal (95% CI)** | 242 | | | | | | |
| **Heterogeneity: Ch² = 45.33, df = 6 (P < 0.00001); I² = 87%** |
| **Test for overall effect: Z = 10.73 (P < 0.00001)** |

| **1.4 Comprehensive Functional Assessment (CFA)** | | | | | | | |
| Xu 2016 | 22.28 | 12.38 | 36 | 19.34 | 13.48 | 35 | 2.8% | 0.22 [-0.24, 0.69] |
| Zheng 2018 | 26.37 | 5.64 | 80 | 17.66 | 3.45 | 89 | 4.9% | 1.86 [1.50, 2.21] |
| **Subtotal (95% CI)** | 125 | | | | | | |
| **Heterogeneity: Ch² = 29.84, df = 1 (P < 0.00001); I² = 97%** |
| **Test for overall effect: Z = 8.80 (P < 0.00001)** |

| **1.5 Barthel Index, upper limb (BI–UL)** | | | | | | | |
| Zhu 2014 | 14.04 | 8.37 | 30 | 8.52 | 6.63 | 30 | 2.2% | 0.72 [0.20, 1.24] |
| **Subtotal (95% CI)** | 30 | | | | | | |
| **Heterogeneity: Not applicable** |
| **Test for overall effect: Z = 2.70 (P = 0.007)** |

| **1.6 Barthel Index, lower limb (BI–LL)** | | | | | | | |
| Zhu 2014 | 17.21 | 5.87 | 30 | 8.98 | 6.77 | 30 | 2.0% | 1.28 [0.72, 1.84] |
| **Subtotal (95% CI)** | 30 | | | | | | |
| **Heterogeneity: Not applicable** |
| **Test for overall effect: Z = 4.50 (P < 0.00001)** |

| **Total (95% CI)** | 1453 | 1439 | 100.0% | 0.85 [0.77, 0.93] |
| **Heterogeneity: Ch² = 269.47, df = 28 (P < 0.00001); I² = 90%** |
| **Test for overall effect: Z = 21.36 (P < 0.00001)** |
| **Test for subgroup differences: Ch² = 30.89, df = 5 (P < 0.00001), I² = 83.8%** |

* The reference for each study have been listed in Table 2 and ‘List of included studies’ references.”
Supplementary Figure 2. Improvement of motor function (FMA, MASc, MEP, Brunn)

| Study or Subgroup | Intervention | Control | Std. Mean Difference | Std. Mean Difference |
|-------------------|-------------|---------|----------------------|----------------------|
|                   | Mean        | SD      | Mean                 | SD                   | Weight  | IV, Fixed, 95% CI |
|                   |             |         |                      |                      |         |                   |
|                   |             |         |                      |                      |         |                   |
| 1.2.2 Fugl-Meyer Assessment, general motor (FMA) | 2013 | 13.21 | 1.40 | 19.03 | 1.36 | 41 | 1.2% | -2.26 [-2.82, -1.69] |
|                   | 2017 | -1.15 | 0.69 | 26 | -0.24 | 0.65 | 25 | 1.0% | -1.39 [-2.01, -0.77] |
|                   | 2018a | 11.43 | 11.67 | 55 | 7.72 | 10.38 | 55 | 2.7% | 0.33 [0.00, 0.67] |
|                   | 2018b | 10.61 | 15.07 | 40 | 12.43 | 12.78 | 40 | 1.6% | 1.29 [0.80, 1.77] |
|                   | 2019a | 22.12 | 17.15 | 152 | 18.85 | 28.79 | 155 | 7.5% | 0.16 [-0.07, 0.38] |
|                   | 2019b | 6.4 | 4.15 | 102 | 3.28 | 3.93 | 101 | 4.6% | 0.77 [0.48, 1.05] |
|                   | 2015a | 18.63 | 22.12 | 179 | 15.25 | 29.13 | 174 | 8.7% | 0.13 [-0.08, 0.35] |
|                   | 2015b | 9.4 | 2.75 | 50 | 8.23 | 15.16 | 48 | 2.1% | 1.02 [0.60, 1.44] |
|                   | 2020a | 26.11 | 5.85 | 95 | 16.62 | 4.91 | 95 | 3.3% | 1.78 [1.44, 2.11] |
|                   | 2020b | 11.46 | 8.57 | 50 | 10.1 | 9.19 | 50 | 2.5% | 0.15 [-0.24, 0.54] |
|                   | 2020c | 18.63 | 9.55 | 30 | 8.44 | 8.25 | 30 | 1.1% | 1.10 [0.55, 1.65] |
|                   | 2020d | 14.45 | 3.31 | 89 | 8.73 | 3.03 | 89 | 3.1% | 1.79 [1.45, 2.14] |
|                   | 2020e | 44 | 25.05 | 48 | 11.5 | 23.58 | 48 | 1.9% | 1.13 [0.88, 1.77] |
| Overall (95% CI) | 956 | 951 | 41.5% | 0.33 [0.45, 0.64] |

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1.2.3 Fugl-Meyer Assessment, upper extremities (FMA–UE)

| Study or Subgroup | Intervention | Control | Std. Mean Difference | Std. Mean Difference |
|-------------------|-------------|---------|----------------------|----------------------|
|                   | Mean        | SD      | Mean                 | SD                   | Weight  | IV, Fixed, 95% CI |
|                   |             |         |                      |                      |         |                   |
|                   |             |         |                      |                      |         |                   |
| 2013 | 8.88 | 7.2 | 40 | 11.06 | 9.27 | 41 | 2.0% | -0.25 [-0.69, 0.18] |
| 2017a | 20.91 | 9.84 | 70 | 7.58 | 6.66 | 70 | 2.6% | 1.58 [1.20, 1.96] |
| 2017b | 29.67 | 12.45 | 60 | 15.33 | 14.4 | 60 | 2.6% | 1.07 [0.69, 1.46] |
| 2019a | 15.02 | 20.58 | 152 | 10.51 | 16.89 | 155 | 7.5% | 0.23 [0.00, 0.46] |
| 2020a | 17.58 | 2.02 | 44 | 13.05 | 2.26 | 40 | 1.3% | 2.10 [1.56, 2.64] |
| 2020b | 15.18 | 16.73 | 30 | 7.47 | 7.17 | 30 | 1.4% | 0.45 [-0.06, 0.96] |
| 2020c | 20.86 | 12.48 | 36 | 16.44 | 12.96 | 35 | 1.7% | 0.34 [-0.11, 0.81] |
| 2020d | 13.17 | 11.9 | 40 | 8.23 | 10.37 | 40 | 1.9% | 0.44 [-0.01, 0.88] |
| 2020e | 17.85 | 16.05 | 60 | 10.74 | 8.08 | 60 | 2.8% | 0.63 [0.28, 1.02] |
| 2020f | 8.73 | 2.19 | 60 | 7.02 | 1.91 | 60 | 2.7% | 0.83 [0.45, 1.20] |
| 2020g | 14.25 | 4.01 | 40 | 8.82 | 3.49 | 40 | 1.5% | 0.14 [-0.26, 0.45] |
| Overall (95% CI) | 622 | 621 | 28.0% | 0.61 [0.50, 0.73] |

Heterogeneity: $\chi^2 = 297.46, df = 12 (P < 0.00001); I^2 = 96$

Test for overall effect: $Z = 11.26 (P < 0.00001)$
Supplementary Figure 3. Improvement of depression (HAMA, HAMD, TCM, CES)

| Study or Subgroup | Intervention Mean | SD | Total | Control Mean | SD | Total | Weight | Std. Mean Difference IV, Fixed, 95% CI |
|-------------------|-------------------|----|-------|--------------|----|-------|--------|--------------------------------------|
| Chen 2018         | -15.1             | 3.2 | 30    | -10.74       | 3.0 | 30    | 3.96   | -1.11 [-1.66, -0.56]                 |
| Fu 2008           | -13.74            | 3.94| 38    | -6.52        | 4.78| 37    | 4.25   | -1.63 [-2.16, -1.11]                |
| Fu 2019           | -14.06            | 3.86| 48    | -9.38        | 4.32| 48    | 6.26   | -1.13 [-1.57, -0.70]                |
| Han 2018          | -15.92            | 5.78| 47    | -11.61       | 6.27| 47    | 6.66   | -0.71 [-1.13, -0.29]                 |
| Jiang 2020        | -8.16             | 7.74| 62    | -3.72        | 8.01| 58    | 8.76   | -0.56 [-0.93, -0.20]                |
| Li 2015           | -18.6             | 7.76| 83    | -3.7         | 8.57| 83    | 8.88   | -1.81 [-2.18, -1.45]                |
| Li 2018           | -4.21             | 2.81| 39    | 0.41         | 2.81| 37    | 3.15   | -1.62 [-2.23, -1.01]                |
| Nie 2013          | -14.31            | 4.05| 41    | -13.33       | 4.3 | 40    | 6.06   | -0.28 [-0.72, 0.16]                 |
| Teng 2019         | -8.3              | 2.91| 47    | -2.3         | 2.65| 47    | 6.66   | -0.71 [-1.13, -0.30]                |
| Wang 2017         | -10.06            | 1.45| 30    | -13.02       | 1.59| 30    | 2.45   | -3.26 [-3.98, -2.58]                |
| Xia 2015          | 9.4               | 7.86| 50    | 17.3         | 7.6 | 48    | 6.56   | -1.01 [-1.44, -0.59]                |
| Xu 2007           | -23.91            | 7.01| 34    | -18.83       | 5.76| 34    | 4.75   | -0.78 [-1.28, -0.29]                |
| Yan 2019          | -17.92            | 6.38| 34    | -11.23       | 6.55| 34    | 4.56   | -1.02 [-1.53, -0.52]                |
| Yang 2015a        | -21.91            | 3.66| 33    | -24.35       | 4.59| 30    | 4.55   | 0.58 [0.08, 1.09]                   |
| Subtotal (95% CI) |                  |    | 634   | 601          | 76.7% | 145   | -0.98 [-1.10, -0.86]               |

Heterogeneity: Chi² = 128.23, df = 13 (P < 0.00001); I² = 90%
Test for overall effect: Z = 15.63 (P < 0.00001)

1.3.3 Hamilton anxiety rating scale(HAMA)

| Study or Subgroup | Intervention Mean | SD | Total | Control Mean | SD | Total | Weight | Std. Mean Difference IV, Fixed, 95% CI |
|-------------------|-------------------|----|-------|--------------|----|-------|--------|--------------------------------------|
| Jiang 2020        | -6.93             | 5.93| 62    | -2.67        | 6.61| 58    | 8.56   | -0.68 [-1.04, -0.31]                 |
| Li 2015           | -31.5             | 10.46| 83    | -21.4        | 11.09| 83    | 11.26  | -0.93 [-1.25, -0.61]                |
| Subtotal (95% CI) |                  |    | 145   | 141          | 19.78 | -0.82 [-1.06, -0.58]               |

Heterogeneity: Chi² = 1.07, df = 1 (P = 0.30); I² = 6%
Test for overall effect: Z = 6.66 (P < 0.00001)

1.3.4 10-item Centre for Epidemiological Studies Depression Scale (CES-D10)

| Study or Subgroup | Intervention Mean | SD | Total | Control Mean | SD | Total | Weight | Std. Mean Difference IV, Fixed, 95% CI |
|-------------------|-------------------|----|-------|--------------|----|-------|--------|--------------------------------------|
| Wu 2015           | -4.4              | 1.22| 30    | -2.5         | 1.42| 30    | 3.66   | -1.42 [-1.99, -0.85]                 |
| Subtotal (95% CI) |                  |    | 30    | 30           | 3.66 | -1.42 [-1.99, -0.85]               |

Heterogeneity: Not applicable
Test for overall effect: Z = 4.87 (P < 0.00001)

Total (95% CI) 789 772 100.0% -0.96 [-1.07, -0.86]

Heterogeneity: Chi² = 133.10, df = 16 (P < 0.00001); I² = 88%
Test for overall effect: Z = 17.56 (P < 0.00001)
Test for subgroup differences: Chi² = 3.81, df = 2 (P = 0.15), I² = 47.5%

* The reference for each study have been listed in Table 2 and 'List of included studies’ references'.
Supplementary Figure 4. Improvement of swallowing function (WDT)

| Study or Subgroup | Intervention Mean | SD | Total | Control Mean | SD | Total | Weight | Std. Mean Difference IV, Fixed, 95% CI |
|-------------------|------------------|----|-------|---------------|----|-------|--------|--------------------------------------|
| *Chen 2016*       | -2.04            | 0.63| 30    | -1.84         | 0.81| 30    | 5.1%   | -0.27 [-0.78, 0.24]                  |
| *Fan 2007*        | -2.367           | 1.131| 30    | -0.3          | 0.912| 30    | 3.5%   | -1.89 [-1.50, -1.27]                 |
| *Guan 2009*       | -1.5             | 1.67| 30    | -0.9          | 1.305| 30    | 5.1%   | -0.40 [-0.91, 0.12]                 |
| *Jiang 2020*      | -6.96            | 4.77| 62    | -3.03         | 4.84 | 58    | 9.5%   | -0.81 [-1.19, -0.44]                 |
| *Lu 2010*         | -1.933           | 0.75| 15    | -0.733        | 1.15 | 15    | 2.1%   | -1.20 [-1.19, -0.42]                 |
| *Ma 2014*         | -2.71            | 0.67| 35    | -1.88         | 0.88 | 40    | 5.6%   | -1.04 [-1.53, -0.56]                 |
| *Wang 2016*       | -2.17            | 0.52| 50    | -1.59         | 0.95 | 50    | 7.6%   | -1.01 [-1.43, -0.59]                 |
| *Xiang 2016*      | 1.19             | 1.19| 38    | 0.62          | 1.32 | 38    | 6.4%   | 0.45 [-0.01, 0.90]                  |
| *Zhou 2013*       | -2.4             | 1.59| 40    | -1.83         | 1.67 | 40    | 6.8%   | -0.35 [-0.79, 0.10]                 |
| Subtotal (95% CI) |                  | 330 | 51.6% | 51.6%         | -0.64 [-0.80, -0.48] |

Heterogeneity: $\chi^2 = 50.84, df = 8$ ($p < 0.00001$); $I^2 = 84$

Test for overall effect: $Z = 7.90$ ($p < 0.00001$)

1.4.3 Standardized swallowing assessment (SSA)

| Study or Subgroup | Intervention Mean | SD | Total | Control Mean | SD | Total | Weight | Std. Mean Difference IV, Fixed, 95% CI |
|-------------------|------------------|----|-------|---------------|----|-------|--------|--------------------------------------|
| *Chu 2014*        | -18.1            | 11.5| 60    | -15.3         | 12.3| 60    | 10.2%  | -0.23 [-0.59, 0.13]                  |
| *Chu 2017*        | -10.4            | 8.87| 48    | -7.3          | 10.21| 49    | 8.2%   | -0.32 [-0.72, 0.08]                 |
| *Li 2019*         | -5.78            | 6.23| 40    | -2.54         | 5.72 | 40    | 6.6%   | -0.54 [-0.98, -0.09]                 |
| *Xia 2016a*       | -15.2            | 7.24| 61    | -9.1          | 7.53 | 55    | 9.2%   | -0.82 [-1.20, -0.44]                 |
| *Zhao 2015*       | -7.17            | 8.74| 40    | -5.72         | 8.39 | 40    | 6.9%   | -0.17 [-0.61, 0.27]                 |
| Subtotal (95% CI) |                  | 249 | 41.1% | 41.1%         | -0.62 [-0.60, -0.24] |

Heterogeneity: $\chi^2 = 7.08, df = 4$ ($p = 0.13$); $I^2 = 43$

Test for overall effect: $Z = 4.59$ ($p < 0.00001$)

1.4.4 Repetitive saliva-swallowing test (SSST)

| Study or Subgroup | Intervention Mean | SD | Total | Control Mean | SD | Total | Weight | Std. Mean Difference IV, Fixed, 95% CI |
|-------------------|------------------|----|-------|---------------|----|-------|--------|--------------------------------------|
| *Chu 2017*        | -1.196           | 0.382| 48    | -0.918        | 0.494| 49    | 7.3%   | -1.07 [-1.50, -0.65]                 |
| Subtotal (95% CI) |                  | 48  | 7.3%   | 7.3%          | -1.07 [-1.50, -0.65] |

Heterogeneity: Not applicable

Test for overall effect: $Z = 4.93$ ($p < 0.00001$)

Total (95% CI)

| Study or Subgroup | Intervention Mean | SD | Total | Control Mean | SD | Total | Weight | Std. Mean Difference IV, Fixed, 95% CI |
|-------------------|------------------|----|-------|---------------|----|-------|--------|--------------------------------------|
|                   |                  |     |       |               |    |       |        |                                      |

Heterogeneity: $\chi^2 = 66.73, df = 14$ ($p < 0.00001$); $I^2 = 79$

Test for overall effect: $Z = 9.94$ ($p < 0.00001$)

Test for subgroup differences: $\chi^2 = 8.81, df = 2$ ($p = 0.01$); $I^2 = 77.3$

* The reference for each study have been listed in Table 2 and 'List of included studies' references.
Supplementary Figure 5. Funnel plot for outcome: Improvement of dependency
Supplementary Figure 6. Funnel plot for outcome: Improvement of motor function
Supplementary Figure 7. Funnel plot for outcome: Improvement of depression
Supplementary Figure 8. Funnel plot for outcome: Improvement of swallowing function
### Supplementary Figure 9. Comparison on duration of treatment: Improvement of dependency

| Study or Subgroup | Intervention Mean | Intervention SD | Intervention Total | Control Mean | Control SD | Control Total | Std. Mean Difference (IV, Random, 95% CI) | Std. Mean Difference (IV, Random, 95% CI) |
|-------------------|------------------|-----------------|-------------------|-------------|------------|--------------|-----------------------------------------|----------------------------------------|
| **2.1.1 Shorter than or equal to 1 month** | | | | | | | | |
| Bai 2013 | 30.15 | 14.33 | 40 | 34.56 | 16.76 | 41 | 5.9% | -0.28 (-0.72, 0.16) | |
| CH 2014 | 35.96 | 32.89 | 60 | 17.87 | 35.68 | 60 | 6.1% | 0.52 (0.16, 0.89) | |
| Jie 2017 | 25.08 | 11.52 | 26 | 16.2 | 14.45 | 20 | 5.5% | 0.71 (0.14, 1.28) | |
| Wang 2016a | 16.14 | 18.38 | 62 | 14.73 | 18.38 | 62 | 6.1% | 0.08 (-0.28, 0.43) | |
| Wang 2017 | 26.24 | 10.14 | 38 | 14.65 | 10.54 | 38 | 5.8% | 1.11 (0.62, 1.59) | |
| Wang 2019 | 22.85 | 30.87 | 152 | 25.43 | 28.95 | 155 | 6.3% | 0.15 (-0.04, 0.40) | |
| Wang 2019a | 23.83 | 4.03 | 30 | 21.9 | 5.01 | 29 | 5.7% | 0.42 (-0.10, 0.94) | |
| Wang 2020 | 21.1 | 12.88 | 102 | 12.68 | 12.61 | 101 | 6.2% | 0.71 (0.42, 0.99) | |
| Wei 2015 | 19.6 | 11.07 | 50 | 6.82 | 13.39 | 50 | 5.9% | 1.03 (0.61, 1.45) | |
| Wei 2016 | 40.5 | 3.17 | 44 | 34.62 | 2.13 | 40 | 5.5% | 2.36 (1.79, 2.92) | |
| Xia 2016 | 35.4 | 19.35 | 60 | 17.74 | 30.47 | 60 | 4.9% | 0.00 (0.31, 1.31) | |
| Xu 2016 | 31.11 | 14.62 | 36 | 28.88 | 19.72 | 35 | 5.8% | 0.15 (-0.34, 0.59) | |
| Yu 2020 | 27.64 | 5.52 | 95 | 18.87 | 4.87 | 95 | 6.1% | 1.60 (1.33, 1.99) | |
| Zheng 2020 | 20.03 | 9.69 | 30 | 9.11 | 8.34 | 30 | 5.8% | 1.19 (0.64, 1.74) | |
| Zong 2018 | 26.37 | 5.44 | 89 | 17.66 | 3.45 | 89 | 6.1% | 1.86 (1.50, 2.21) | |
| Zhong 2002 | 65.2 | 17.18 | 48 | 31.7 | 16.96 | 48 | 5.7% | 1.95 (1.46, 2.44) | |
| Zhu 2014 | 17.21 | 5.87 | 30 | 8.98 | 6.77 | 30 | 5.5% | 1.28 (-0.72, 1.18) | |
| **Subtotal (95% CI)** | 992 | 988 | 100% | 9.02 (0.36, 1.28) | 0.0% | |

Heterogeneity: Tau² = 0.46; CH² = 200.45, df = 16 (P = 0.00001); I² = 93%

Test for overall effect: Z = 5.29 (P < 0.00001)

| 2.1.2 Longer than 1 month | | | | | | | | |
| Chen 2011 | 45.83 | 8.4 | 30 | 38.74 | 12.29 | 30 | 9.8% | 0.85 (0.32, 1.38) | |
| Li 2012 | 10 | 6.87 | 48 | 4.13 | 3.94 | 46 | 10.5% | 1.03 (0.60, 1.47) | |
| Magnusson 1994 | 50 | 12 | 38 | 35 | 28 | 40 | 10.3% | 0.68 (0.23, 1.14) | |
| Tang 2016 | 33.27 | 16.23 | 40 | 19.36 | 15.2 | 40 | 10.3% | 0.83 (0.47, 1.39) | |
| Xie 2015 | 45.3 | 5.89 | 50 | 59.49 | 20.5 | 48 | 10.1% | 1.91 (1.45, 2.39) | |
| Xie 2015a | 25.9 | 13.8 | 61 | 10.92 | 15.49 | 55 | 10.7% | 1.04 (0.65, 1.43) | |
| Xu 2007 | 29.2 | 8.24 | 34 | 27.77 | 8.13 | 34 | 10.2% | 0.17 (-0.30, 0.65) | |
| Yan 2016 | 25.66 | 4.41 | 30 | 15.88 | 3.99 | 30 | 8.8% | 2.30 (1.63, 2.96) | |
| Yan 2019 | 23.55 | 5.5 | 34 | 13.18 | 5.21 | 34 | 9.4% | 1.91 (1.33, 2.49) | |
| Zhang 2014 | 38.63 | 19.68 | 30 | 27.24 | 18.73 | 29 | 9.8% | 0.60 (0.07, 1.12) | |
| **Subtotal (95% CI)** | 395 | 386 | 100% | 1.12 (0.75, 1.50) | 0.0% | |

Heterogeneity: Tau² = 0.31; CH² = 52.71, df = 9 (P = 0.00001); I² = 93%

Test for overall effect: Z = 5.83 (P < 0.00001)

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* The reference for each study have been listed in Table 2 and 'List of included studies’ references'.
Supplementary Figure 10. Comparison on duration of treatment: Improvement of motor function

| Study or Subgroup | Intervention Mean | Intervention SD | Control Mean | Control SD | Std. Mean Difference IV | Random 95% CI | Weight |
|-------------------|------------------|----------------|-------------|-----------|-----------------------|---------------|--------|
| 2.2.1 Shorter than or equal to 1 month |
| Bai 2013          | 8.88             | 7.72           | 40          | 11.06     | 9.27                  | 41            | 5.0%  |
| Ja 2017           | -1.15            | 0.59           | 26          | -0.24     | 0.65                  | 25            | 4.5%  |
| Ja 2017a          | 20.91            | 9.84           | 70          | 7.58      | 6.66                  | 70            | 5.1%  |
| Li 2019a          | 11.43            | 11.67          | 55          | 7.72      | 10.38                 | 55            | 5.1%  |
| Wan 2013          | 29.67            | 12.45          | 60          | 15.13     | 14.4                   | 60            | 5.1%  |
| Wang 2019         | 15.14            | 16.58          | 152         | 10.51     | 18.69                  | 155           | 5.4%  |
| Wong 2019         | 7.47             | 3.30           | 29          | 3.23      | 0.96                  | 29            | 4.7%  |
| Wang 2020         | 6.4              | 4.15           | 102         | 3.28      | 3.92                  | 101           | 5.3%  |
| Wei 2016          | 17.58            | 2.00           | 44          | 13.05     | 2.26                  | 40            | 4.7%  |
| Yu 1999           | 0.9              | 1.36           | 59          | 0.5       | 1.08                  | 59            | 5.1%  |
| Xu 2010a          | 18.03            | 22.12          | 178         | 10.23     | 28.13                 | 174           | 3.4%  |
| Xu 2014           | 15.18            | 16.71          | 30          | 7.47      | 17.01                 | 30            | 4.8%  |
| Xu 2016           | 20.96            | 12.48          | 36          | 16.44     | 12.96                 | 35            | 4.9%  |
| Ye 2020           | 26.21            | 5.8            | 95          | 16.62     | 4.91                  | 95            | 5.2%  |
| Zhang 2009        | 13.17            | 11.9           | 40          | 8.23      | 10.37                 | 40            | 5.0%  |
| Zhang 2020        | 18.63            | 9.95           | 30          | 8.44      | 8.25                  | 30            | 4.7%  |
| Zhao 2009         | 8.73             | 2.19           | 60          | 7.62      | 1.91                  | 60            | 5.1%  |
| Zheng 2016        | 14.45            | 3.31           | 89          | 8.73      | 3.03                  | 89            | 5.2%  |
| Zhong 2002        | 44               | 25.05          | 48          | 11.5      | 23.56                 | 48            | 5.0%  |
| Zhu 2014          | 14.25            | 4.03           | 30          | 8.82      | 34.10                 | 30            | 4.8%  |
|                       |                   |                |             |           |                       |               |        |
| Subtotal (95% CI)  |                  |                |             |           |                       | 1275          |        |
|                       |                   |                |             |           |                       | 1266          | 100.0%|
| Heterogeneity: Tau^2 = 0.40; Chi^2 = 262.59, df = 19 (P < 0.00001); I^2 = 93% |
|Test for overall effect: Z = 4.45 (P < 0.00001) |

2.2.4 Longer than 1 month

| Study or Subgroup | Intervention Mean | Intervention SD | Control Mean | Control SD | Std. Mean Difference IV | Random 95% CI | Weight |
|-------------------|------------------|----------------|-------------|-----------|-----------------------|---------------|--------|
| Cheng 2011        | 1.3              | 0.97           | 30          | 0.87      | 9.36                  | 30            | 16.1% |
| Ja 2017a          | 19.03            | 4.17           | 70          | 11.8      | 3.35                  | 30            | 16.1% |
| Tang 2016         | 30.81            | 15.07          | 40          | 12.43     | 12.78                 | 40            | 16.3% |
| Xia 2015          | 93.4             | 2.75           | 50          | 82.3      | 15.16                 | 48            | 16.9% |
| Zeng 2016         | 11.46            | 8.57           | 50          | 15.1      | 9.19                  | 50            | 17.2% |
| Zhu 2017          | 16.01            | 9.66           | 60          | 8.63      | 8.15                  | 60            | 17.4% |
| Subtotal (95% CI) |                  |                |             |           |                       | 380           |        |
|                       |                   |                |             |           |                       | 258           | 100.0%|
| Heterogeneity: Tau^2 = 0.37; Chi^2 = 41.44, df = 5 (P < 0.00001); I^2 = 88% |
|Test for overall effect: Z = 3.20 (P = 0.001) |

* The reference for each study have been listed in Table 2 and ‘List of included studies’ references.

Zhong LLD, et al. Stroke Vasc Neurol 2022; 7:e000781. doi: 10.1136/svn-2020-000781
**Supplementary Figure 11.** Comparison on duration of treatment: Improvement of depression

| Study or Subgroup | Intervention Mean | SD | Total | Control Mean | SD | Total | Std. Mean Difference | Std. Mean Difference |
|-------------------|-------------------|----|-------|--------------|----|-------|----------------------|----------------------|
| Chen 2018         | 15.1              | 9.32| 30    | -3.8         | 10.74| 30    | 10.8%                | -1.11 [-1.66 , -0.56] |
| Fu 2019           | -14.06            | 3.86| 48    | -9.38        | 4.32 | 48    | 11.5%                | -1.13 [-1.57 , -0.70] |
| Han 2018          | -15.92            | 5.79| 47    | -11.61       | 6.27 | 47    | 11.6%                | -0.71 [-1.13 , -0.29] |
| Jiang 2020        | -6.93             | 5.93| 62    | -2.67        | 6.61 | 58    | 11.9%                | -0.68 [-1.04 , -0.31] |
| Li 2015           | -31.5             | 10.46| 83    | -21.4        | 11.09| 83    | 12.1%                | -0.93 [-1.25 , -0.61] |
| Li 2018           | -4.21             | 2.81| 29    | 0.41         | 2.81 | 27    | 10.3%                | -1.62 [-2.23 , -1.01] |
| Nie 2013          | -14.31            | 4.05| 41    | -13.13       | 4.3  | 40    | 11.5%                | -0.28 [-0.72 , 0.16]  |
| Wang 2017         | -16.06            | 1.45| 38    | -11.02       | 1.59 | 38    | 9.7%                 | -3.28 [-3.96 , -2.58] |
| Wu 2015           | -4.4              | 1.32| 30    | -2.5         | 1.42 | 30    | 10.6%                | -1.42 [-1.95 , -0.85] |
| **Subtotal (95% CI)** | **408**            |     | **401** | **100.9%**               |     |         | **-1.19 [-1.62 , -0.76]** |

Heterogeneity: $I^2 = 0.37$, $Chi^2 = 63.78$, $df = 8$ ($P < 0.00001$); $P = 87$

Test for overall effect: $Z = 5.43$ ($P < 0.00001$)

2.3.4 Longer than 1 month

| Study or Subgroup | Intervention Mean | SD | Total | Control Mean | SD | Total | Std. Mean Difference | Std. Mean Difference |
|-------------------|-------------------|----|-------|--------------|----|-------|----------------------|----------------------|
| Fu 2008           | -13.74            | 3.94| 38    | -6.52        | 4.78 | 37    | 16.2%                | -1.63 [-2.16 , -1.11] |
| Teng 2019         | -4.3              | 2.91| 47    | -2.3         | 2.65 | 47    | 17.2%                | -0.71 [-1.13 , -0.30] |
| Xia 2015          | 9.4               | 7.86| 50    | 17.3         | 7.6  | 48    | 17.2%                | -1.01 [-1.44 , -0.59] |
| Xu 2007           | -23.91            | 7.01| 34    | -18.83       | 5.76 | 34    | 16.5%                | -0.78 [-1.28 , -0.29] |
| Yan 2019          | -17.92            | 6.38| 34    | -11.23       | 5.55 | 34    | 16.4%                | -1.02 [-1.53 , -0.52] |
| Yang 2015a        | -21.91            | 3.66| 33    | -24.35       | 4.59 | 30    | 16.4%                | 0.59 [0.08, 1.09]    |
| **Subtotal (95% CI)** | **236**            |     | **230** | **100.6%**               |     |         | **-0.76 [-1.31 , -0.21]** |

Heterogeneity: $I^2 = 0.41$, $Chi^2 = 40.20$, $df = 5$ ($P < 0.00001$); $P = 88$

Test for overall effect: $Z = 2.72$ ($P = 0.007$)

Test for subgroup differences: $Chi^2 = 1.45$, $df = 1$ ($P = 0.23$), $I^2 = 31.3%$

* The reference for each study have been listed in Table 2 and 'List of included studies' references.
Supplementary Figure 12. Comparison on duration of treatment: Improvement of swallowing function

| Study or Subgroup | Intervention Mean | SD | Total | Control Mean | SD | Total | Std. Mean Difference (IV, Random, 95% CI) | Std. Mean Difference (IV, Random, 95% CI) |
|-------------------|------------------|----|-------|--------------|----|-------|----------------------------------------|----------------------------------------|
| **2.4.1 Shorter than or equal to 1 month** |
| Chen 2016         | -2.04            | 0.63 | 30     | -1.84        | 0.81 | 30     | 9.9% [0.27 (0.78, 0.24)]               |                                          |
| CN 2014           | -18.1            | 11.5 | 60     | -15.3        | 12.3 | 60     | 10.9% [-0.23 (0.59, 0.13)]             |                                          |
| Fan 2007          | -2.267           | 1.131| 30     | -0.3         | 0.912| 30     | 9.1% [-1.89 (0.26, 0.27)]              |                                          |
| Jiang 2020        | -6.96            | 4.77 | 62     | -3.03        | 4.84 | 58     | 10.8% [-0.81 (1.15, -0.44)]           |                                          |
| Li 2019           | -6.78            | 6.25 | 40     | 2.94         | 5.72 | 40     | 10.3% [-0.54 (0.96, -0.99)]           |                                          |
| Lu 2019           | -1.933           | 0.75 | 15     | -0.733       | 1.15 | 15     | 7.8% [-1.20 (-1.95, -0.42)]           |                                          |
| Ma 2014           | -2.71            | 0.67 | 35     | -1.88        | 0.88 | 40     | 10.0% [-1.04 (-1.53, -0.56)]          |                                          |
| Wang 2016         | -2.17            | 0.52 | 50     | -1.39        | 0.95 | 50     | 10.5% [-1.01 (-1.45, -0.59)]          |                                          |
| Xiang 2016        | 1.19             | 1.19 | 38     | 0.62         | 1.32 | 38     | 10.3% [0.45 (0.01, 0.90)]             |                                          |
| Zhou 2013         | -2.4             | 1.59 | 40     | -1.83        | 1.67 | 40     | 10.4% [-0.35 (0.79, 0.10)]            |                                          |
| **Subtotal (95% CI)** |                |     | 469    | -1.8           | 1.67 | 401   | 100.0% [-0.46 (-1.82, -0.36)]         |                                          |

Heterogeneity: Tau^2 = 0.20; CH^2 = 54.67, df = 9 (P = 0.00001); I^2 = 54%

Test for overall effect: Z = 3.38 (P = 0.0003)

2.4.3 Longer than 1 month

| Study or Subgroup | Intervention Mean | SD | Total | Control Mean | SD | Total | Std. Mean Difference (IV, Random, 95% CI) | Std. Mean Difference (IV, Random, 95% CI) |
|-------------------|------------------|----|-------|--------------|----|-------|----------------------------------------|----------------------------------------|
| Chu 2017          | -10.4            | 8.87 | 48     | -7.3         | 10.21| 49     | 35.8% [-0.32 (0.72, 0.08)]             |                                          |
| Guan 2009         | -1.5             | 1.67 | 30     | -0.9         | 1.305| 30     | 26.7% [-0.40 (0.91, 0.12)]            |                                          |
| Xia 2016a         | -15.2            | 7.24 | 61     | -9.1         | 7.53 | 55     | 37.7% [-0.82 (-1.20, -0.44)]          |                                          |
| **Subtotal (95% CI)** |                |     | 139    | -9.61        | 8.56 | 134   | 109.9% [-6.53 (-8.86, -4.20)]         |                                          |

Heterogeneity: Tau^2 = 0.04; CH^2 = 3.56, df = 2 (P = 0.17); I^2 = 44%

Test for overall effect: Z = 3.16 (P = 0.002)

Test for subgroup differences: CH^2 = 3.28, df = 1 (P = 0.60), I^2 = 0%

* The reference for each study have been listed in Table 2 and 'List of included studies' references.
Criteria for judging risk of bias

1. Random sequence generation (selection bias)
   - Low risk: random number table; computer random number generator;
   - High risk: date of admission; odd or even clinic record number
   - Unclear risk: randomization was stated, but the process was not described

2. Allocation concealment (selection bias)
   - Low risk: central allocation (telephone or web-based); sequentially numbered sealed envelopes; or real-time randomization
   - High risk: participants or the investigators enrolling participants could potentially predict the assignments
   - Unclear risk: method of concealment was not described or not described in sufficient detail

3. Blinding participants and personnel (performance bias)
   - Low risk: Blinding of participants and key study personnel was ensured, or it was unlikely that the blinding was compromised, blinding of participants and personnel to the hypothesis or study objectives.
   - High risk: open label; no blinding or incomplete blinding; or attempted blinding of key study participants and personnel, but it was likely that the blinding was compromised
   - Unclear risk: insufficient information to permit the judgment of ‘low risk’ or ‘high risk’

4. Blinding of outcome assessment (detection bias)
   - Low risk: Blinding of outcome assessment was ensured. No blinding of outcome assessment, but the review authors judged that the outcome measurement was not likely to be influenced by a lack of blinding
   - High risk: open label, no blinding of outcome assessment and the outcome measurement was likely to be influenced by lack of blinding
   - Unclear risk: insufficient information to permit the judgment of ‘low risk’ or ‘high risk’

5. Incomplete outcome data (attrition bias)
   - Low risk: intention-to-treat analysis; no missing outcome data; reasons for missing outcome data unlikely to be related to outcome; or missing outcome data were balanced across intervention groups
   - High risk: ‘As-treated’ analysis; reason for missing outcome data likely to be related to outcome; proportion of missing outcomes compared with observed event risk was sufficient to induce clinically relevant bias in the intervention effect estimate
   - Unclear risk: insufficient reporting of dropout and exclusion to permit the judgment of ‘low risk’ or ‘high risk’ (e.g. number randomized not stated, no reasons for missing data provided)

6. Selective reporting (reporting bias)
   - Low risk: The study protocol was available, and all of the study’s prespecified outcomes that were of interest in the review were reported in a prespecified manner; or the study protocol was not available, but it was clear that the published reports include all expected outcomes, including those that were prespecified
   - High risk: Not all of the study’s prespecified outcomes were reported; or one or more reported primary outcomes were not prespecified
   - Unclear risk: insufficient information for a clear decision
Risk of bias within studies

Supplementary Figure 13. Risk of bias graph
| Study ID   | Random sequence generation (selection bias) | Allocation concealment (selection bias) | Blinding of participants and personnel (performance bias) | Blinding of outcome assessment (detection bias) | Incomplete outcome data (attrition bias) | Selective reporting (reporting bias) |
|-----------|-------------------------------------------|------------------------------------------|----------------------------------------------------------|---------------------------------------------|----------------------------------------|----------------------------------|
| Bai 2013  | ?                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Chen 2016 | ?                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Chen 2018 | ?                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Cheng 2011| ?                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Chi 2014  | ?                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Chu 2017  | ?                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Fan 2007  | ?                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Fu 2008   | !                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Fu 2019   | !                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Guan 2009 | !                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Han 2018  | !                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Jia 2017  | !                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Jia 2017a | !                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Jiang 2020| !                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Li 2012   | !                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Li 2015   | ?                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Li 2018   | !                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Li 2019   | !                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Li 2019a  | !                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Lu 2010   | ?                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Ma 2014   | !                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Magnusson 1994 | ?                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Nie 2013  | !                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Tang 2016 | !                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
| Teng 2019 | !                                        | ?                                        | ?                                                        | ?                                          | ?                                      | ?                                |
Supplementary Figure 14. Risk of bias summary
## Supplementary Tables

### Supplementary Table 1. Search Strategy

|   | Search Term                                                                 |
|---|-----------------------------------------------------------------------------|
| 1 | exp basal ganglia cerebrovascular disease/                                  |
| 2 | cerebrovascular disorders/                                                  |
| 3 | exp brain ischemia/                                                         |
| 4 | exp carotid artery diseases/                                                |
| 5 | exp cerebral small vessel diseases/                                         |
| 6 | exp intracranial arterial diseases/                                         |
| 7 | exp "intracranial embolism and thrombosis"/                                |
| 8 | exp intracranial hemorrhages/                                               |
| 9 | stroke/                                                                     |
| 10| exp brain infarction/                                                       |
| 11| stroke, lacunar/                                                            |
| 12| vasospasm, intracranial/                                                    |
| 13| vertebral artery dissection/                                                |
| 14| (stroke or post stroke or post-stroke),tw.                                 |
| 15| (cerebrovasc$ or brain vasc$ or cerebral vasc$ or cva$ or apoplex$ or SAH),tw. |
| 16| ((brain$ or cerebr$ or cerebell$ or intracran$ or intracerebral) adj5 (isch?emi$ or infarct$ or thrombo$ or emboli$ or occlus$)).tw. |
| 17| ((brain$ or cerebr$ or cerebell$ or intracranial or intracranial or subarachnoid) adj5 (haemorrhage$ or hemorrhage$ or haematoma$ or hematoma$ or bleed$)).tw. |
| 18| hemiplegia/                                                                 |
| 19| exp paresis/                                                                |
| 20| (hemipleeg$ or hemipar$ or paresis or paretic),tw.                          |
| 21| brain injuries/                                                             |
| 22| brain injury, chronic/                                                      |
| 23| 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11 or 12 or 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 |
| 24| acupuncture/ or acupuncture therapy/ or acupuncture analgesia/ or acupuncture, ear/ or electroacupuncture/ or meridians/ or acupuncture points/ or trigger points/ |
|   |   |
|---|---|
| 25 | (acupuncture$ or electroacupuncture or electro-acupuncture or acupoint$ or meridians or needling).tw. |
| 26 | ((meridian or non-meridian or trigger) adj10 point$).tw. |
| 27 | 24 or 25 or 26 |
| 28 | exp drugs, chinese herbal/ |
| 29 | exp medicine, chinese traditional/ |
| 30 | exp Plants, Medicinal/ |
| 31 | exp Medicine, Traditional/ |
| 32 | exp Plant Extracts/ |
| 33 | exp Phytotherapy/ |
| 34 | phytopharmaceutic$.mp. |
| 35 | herb$.mp. |
| 36 | traditional medicine$.mp. |
| 37 | traditional therap$.mp. |
| 38 | herbal medicine$.mp. |
| 39 | herbal therap$.mp. |
| 40 | aconite root.mp. |
| 41 | camelia.mp. |
| 42 | cayenne.mp. |
| 43 | chinese cucumber.mp. |
| 44 | chrysanthemum flower$.mp. |
| 45 | cocklebur fruit.mp. |
| 46 | cow dipper.mp. |
| 47 | croton seed.mp. or exp Croton/ |
| 48 | ginger.mp. or exp Ginger/ |
| 49 | ginkgo.mp. or exp Ginkgo biloba/ |
| 50 | ginseng.mp. or exp Panax/ |
| 51 | goji berry.mp. |
| 52 | horny goat weed.mp. |
| 53 | rhubarb.mp. or exp Rheum/ |
| 54 | thunder vine.mp. |
| 55 | strychnine tree.mp. |
| 56 | sweet wormwood.mp. |
| 57 | willow bark.mp. |
| 58 | 27 or 28 or 29 or 30 or 31 or 32 or 33 or 34 or 35 or 36 or 37 or 38 or 39 or 40 or 41 or 42 or 43 or 44 or 45 or 46 or 47 or 48 or 49 or 50 or 51 or 52 or 53 or 54 or 55 or 56 or 57 |
| 59 | 23 and 58 |
|   |   |
|---|---|
| 59 | not 60 |

- **Cochrane (Wiley interface), searched on 24 Jul 2019**
  1. MeSH descriptor: [Medicine, Chinese Traditional] explode all trees
  2. MeSH descriptor: [Drugs, Chinese Herbal] explode all trees
  3. MeSH descriptor: [Medicine, Traditional] explode all trees
  4. ((traditional or herbal) and (therap* or medicine*)):ti,ab,kw
  5. #1 or #2 or #3 or #4
  6. (acupuncture):ti,ab,kw OR (electroacupuncture):ti,ab,kw OR (meridians):ti,ab,kw
     OR (acupuncture*):ti,ab,kw OR (acupoints):ti,ab,kw
  7. ((meridian or non-meridian or trigger) adj10 point$):ti,ab,kw
  8. MeSH descriptor: [Acupuncture Therapy] explode all trees
  9. #6 or #7 or #8
 10. #5 or #9
 11. MeSH descriptor: [Stroke Rehabilitation] explode all trees
 12. (stroke):ti,ab,kw
 13. #11 or #12
 14. #10 and #13

- **CNKI, 1915 to 24 Jul 2019**
  1. SU=(卒中+脑梗+心梗)*(针+中医+中药)*(随机+对照)
**Supplementary Table 2.** Characteristics of included studies (ordered by study ID)

| ID    | Title                                                                 | Method          | No. of participants | Age range       | Type of health problem | Disease course | Duration of Treatment | Name of decoction and herbal medicine or acupoints | Outcomes | No. of Drop outs | Duration of follow-up | Is blind method used in outcome assessment? | If yes, who is/are blinded? |
|-------|-----------------------------------------------------------------------|-----------------|---------------------|------------------|-------------------------|----------------|-----------------------|-----------------------------------------------|-----------|-----------------|-------------------------|------------------------------------------|---------------------------------|
| Bai   | Prospective, randomized controlled trial of physiotherapy and acupuncture on motor function and daily activities in patients with ischemic stroke | RCT             | 120                 | 61.54 ±9.47      | Motor function problem  | 15 days - 90 days | 4 weeks               | Baihui, Jianyu, Jianzheng, Quchi, Waiguan, Hegu, Yanglingquan, Kunlun, Juegu, Huantiao, Fengshi, Neiguan, Shangqi, Taichong, Yinlingquan, Sanyingjiao, Yingu, Daling, Houxi, Jiquan, Chize, Quze | FMA, MBI | NA              | NA                      | NA                                      | NA                              |

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| Author | Year | Study Title | Design | Participants | Intervention | Outcome Measures | Follow-up | Comparison | Outcome Differences | Notes |
|--------|------|-------------|--------|--------------|-------------|-----------------|-----------|------------|---------------------|-------|
| Chen   | 2018 | Effect of early acupuncture intervention on post-stroke depression: a randomized controlled trial | RCT 60 | 36-75 | Depression | 4 to 30 days | 4 weeks | Baihui, Sishencong, Neiguan, Hegu, Taixi, Taichong, Zusanli, Xuehai | Clinical effective rate | NA | 4 Weeks | NA |
| Cheng  | 2011 | Post-stroke hand dysfunction treated with acupuncture at Zhongzhu (TE 3) and Waiguan (TE 5) | Quasi-RCT 60 | ^41-74 | Motor function problem | ^86.6 ± 16.2 days | 8 weeks | Waiguan, Zhongzhu | FMA - Hand NIHSS Holden ADL | NA | NA | NA |
| Xia    | 2010 | Combination of Feeding-Swallowing Training and Acupuncture: an Effective Rehabilitation Method for Post-Stroke Dysphagia | RCT 120 | ^65.32 ±14.85 | Dysphagia | ^8.94±3.62 days | 4 weeks | Yamen, Fengchi, Jingjiuji, Lianquan, Baihui, Zhaohai | SSA VFSS MBI SW - AL - QOL | NA | NA | NA |
| Chu    | 2017 | Effects of GAO's neck acupuncture on swallowing function and quality of life in patients with post-stroke pseudobulbar palsy | Quasi-RCT 100 | ^67±11 | Dysphagia | acu: 41.1±38.6 days | 8 weeks | Fengchi, Yiming, Gongxue, Zhiqiang, Tunyan, Fayin, Lianquan, exteriorJinjin, exteriorYuye | RSST SSA SWAL - QOL WDT | 3 | NA | NA |
| Study Year | Title                                                                 | Study Design | Sample Size | Comparison | Treatment | Outcome Measures |
|------------|-----------------------------------------------------------------------|--------------|-------------|------------|-----------|------------------|
| Fan 2007[28] | Clinical Observations on Acupuncture Treatment of Post - Stroke Dysphagia | RCT          | 60          | NA         | Dysphagia | NA               |
|            |                                                                       |              |             |            |           | Tiantu, anteriorLianquan, upperLianquan, Lianquan, Fengchi, Wangu, Lieque, Fuliu, Zusanli, Fenglong |
| Fu 2008[19] | Efficacy and safety of Deanxit combined with Wuling Capsule in treating post - stroke depression: a randomized controlled trial | RCT          | 120         | 45 - 78    | Depression| NA               |
|            |                                                                       |              |             |            |           | Wuling Capsule: Wulingjun |
| Guan 2009[37] | Therapeutic effect of acupuncture plus deglutition training on patients with dysphagia caused by brainstem stroke | Quasi-RCT    | 60          | ^6.5       | Dysphagia | ^23.25±6.07      |
|            |                                                                       |              |             | 59.3±7.1  |           | 25.11±5.54        |
|            |                                                                       |              |             |            |           | days             |
| Jia 2017[38] | Spasmodic hemiplegia after stroke treated with scalp acupuncture, music | RCT          | 76          | ^61±11     | Motor function | 2 week - 3 months |
|            |                                                                       |              |             | 58±12     |           | 4 weeks           |
|            |                                                                       |              |             |            |           | anterior Shencong, Xuanli, Baihui, Qubin |

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| Li 2012<sup>[9]</sup> | Observation on therapeutic effect of acupuncture combined with medicine on mild cognition disorders in patients with post-stroke | RCT | 100 | 40 - 79 | Cognitive disorder | 3 months | Baihui, Shenting, Qucha, Shencong, Fengchi, Neiguan, Hegu, Zusanli, Sanyinjiao, Daxi, Zhaohai | Clinical effective rate MMSE HDS - R BI | 6 | NA | NA |
| Li 2015<sup>[20]</sup> | 83 cases of depression due to stroke treated with therapy of integrated traditional Chinese and western medicine | RCT | 166 | 30 - 75 | Depression | 1 to 24 months | Modified Xiaoyansan:Baishao, Danggui, Chuanxiong, Chaihu, Yujin, Taoren, Honghua, Zhigancao | Clinical effective rate HAMA HAMD | NA | NA | NA |
| Li 2018<sup>[39]</sup> | Clinical observation on auricular magnetotherapy for convalescent stroke patients with depression | RCT | 93 | ^ 59±11 * 59±12 | Depression | 4 weeks | Gan, Xin, Pi, Shen, Shenmen, Pizhixia | Clinical effective rate HAMD SS - QOL | 10 | 4 weeks | yes, outcome accessors |
| Li 2019<sup>[29]</sup> | Influence of nape acupuncture therapy on swallowing function of patients with cerebral infarction | RCT | 80 | ^ 40 * 40 | Dysphagia | ^ 61.9±7.9 days * | 16.9±7.1 | Fengchi, Yiming, Gongxue, Zhiqiang, Tunyan, Lianquan, exteriorJinjin, exteriorYuye | FEES WDT SSA PAS | NA | NA |
| Study | Title                                                                 | Study Design | Participants | Dysphagia Duration | Intervention Details | Outcomes | Notes |
|-------|----------------------------------------------------------------------|--------------|--------------|---------------------|----------------------|----------|-------|
| Lu 2010 [30] | Therapeutic effects of neuromuscular electrical stimulation and electroacupuncture for dysphagia post stroke | RCT 45       | 59.87±7.94   | 9 days             | Lianquan, Hegu, Neiguan, Zusanli, Zhaohai | WDT VFSS | NA    |
| Ma 2014 [40] | Post-stroke dysphagia treated with acupoint injection combined with neural electrical stimulation | RCT 183      | 50.6±11.1    | 4 days             | Tunyanxue            | WDT Clinical effective rate | 55    | yes; outcome assessors, data analysts |
| Name       | Title                                                                 | Study Design | n  | Age range | Treatment                                                                 | Comparator                                                                 | Outcome Measure                                    | Follow-up | Clinical Effective Rate | Clinical Effective Rate Units |
|------------|------------------------------------------------------------------------|--------------|----|-----------|----------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------|-----------|-------------------------|--------------------------------|
| Magnusson  | Sensory stimulation with acupuncture promotes normalization of the    | RCT          | 78 | 54 - 89   | ≤10 days                                                                   | 11 weeks                                                                 | upperJuxu, Zusanli, Yanglingquan, Yuji, Chize, Waiguan, Baihui, Yinshi, Zhongfu, Taichong | 30 died   | 1 year                  | NA                                            |
| 1994[41]   | dynamic control of posture after hemispheric stroke                   |              |    |           |                                                                             |                                                                           | Barthe Index                                      |           |                         |                                |
| Nie        | Post-stroke depression treated with acupuncture and moxibustion: an   | RCT          | 123| 51 - 81   | NA                                                                        | 4 weeks                                                                   | Acupuncture: Hegu, Taichong, Baihui, Yintang Moxibustion: Zhongwan, Xiawan, Guanyuan, Qihai | NA        | NA                      | NA                                            |
| 2013[25]   | evaluation of therapeutic effect and safety                           |              |    |           |                                                                             |                                                                           | Clinical effective rate                           |           |                         |                                |
| Wang       | The study of acupuncture and swallowing training in the treatment of  | RCT          | 100| ^ 50 * 50 | 28 days                                                                   |                                                                           | Fengchi, Wangu, Tianzhu, Lianquan, interiorDaying, Fenglong, Jinjin, Yuye WDT Fujishima Ichiro swallowing effect score | NA        | NA                      | NA                                            |
| 2016[31]   | dysphagia after stroke                                                |              |    |           |                                                                             |                                                                           | Clinical effective rate                           |           |                         |                                |
| Study | Title | Type of Trial | Sample Size | Age Range | Problem Duration | Intervention Duration | Location of Acupuncture Points | Outcome Measures |
|-------|-------|---------------|-------------|------------|------------------|----------------------|--------------------------------|------------------|
| Wang 2019[42] | Effect of Tui Na on upper limb spasticity after stroke: a randomized clinical trial | RCT | 444 | 18 - 75 | 1 to 3 months (270) 4 to 6 months (101) 7 to 12 months (67) | 4 weeks | Jianyu, Jianliao, Quchi, Neiguan, Waiguan, Shousanli, Yangchi, Hegu | Mini - Mental Status Examination, MAS, FMA, MBI |
| Wang 2019a[10] | Effects of acupuncture treatment on lower limb spasticity in patients following hemorrhagic stroke: A pilot study | RCT | 59 | 40 - 70 | 30 to 90 days | 4 weeks | Baihui, Taiyang, Yinmen, Fuxi, Xiyangguan, Yanglingquan, Zusani, Tiaokou, Taichong | MAS, FMA, BI, MEP, IEMG |
| Wei 2015[11] | Clinical study of acupuncture combined with rehabilitation training in the treatment of dysphagia after stroke | RCT | 100 | ^61.50 ±4.20 62.50 ±4.90 | NA | 2 weeks | Lianquan, Tiantu, Jinjin, Yuye, Hegu, Neiguan, Zusani | MBI, FIM |
| Wei 2016[43] | Synergistic effect of moxibustion and rehabilitation training in functional recovery of | RCT | 84 | ^53.15 ±14.2 3 | ^61.61±8.75 days | 4 weeks | Zhongdi, Jiansui, Quchi, Shousanli, Waiguan, Hegu, Yanglingquan, Zusani, Xuanzhong, Sanyinjiao | Brunnsstorm, MAS, CSI, FMA |

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| Study Source | Study Design | Participants | Intervention | Primary Outcome | Secondary Outcome | Comparator | Additional Details |
|--------------|--------------|--------------|--------------|----------------|------------------|------------|---------------------|
| Wong 1999[44] | RCT          | 118 patients | Electrical acupuncture | Motor function problem | 10 - 14 days from onset | Shousanli, Hegu, Futu, Xuehai, Yanglingquan, Taichong | NA NA |
| Wu 2015[26]  | RCT          | 60 patients  | Kaiyuditan Decoction | Depression | 4 weeks | Banxia, Chenpi, Zhizi, Zhurui, Duananxing, Shichangpu, Yujin, Fuling, Zhishi, Qingpi, Houpu, Chaihu, Foshou, Zisu, Chuanxiong, Chaobaizhu, Shengjiang, Gancao | CES - D10 NA NA |
| Wu 2015a[16] | Effect of Acupuncture Combined Physical Training and Relearning on Stroke Rehabilitation: a Multi-center Randomized Controlled Clinical Study | RCT | 364 | *(Centre 1 : 64.92 ±11.51) | *(Centre 2 : 63.56 ±13.25) | *(Centre 3 : 60.30 ±9.29) | *(Centre 4 : 66.00 ±10.64) | *(Centre 1 : 25.80 ±1.15) | *(Centre 2 : 24.53 ±1.03) | *(Centre 3 : 18.08 ±0.73) | *(Centre 4 : 17.45 ±0.69) | *(Centre 1 : 25.69 ±0.87) | *(Centre 2 : 26.75 ±0.44) | *(Centre 3 : 25.60 ±0.74) | *(Centre 4 : 26.00 ±0.85) | 4 weeks | Yintang, Baihui, Sishencong, Fengchi, Jianyu, Quchi, Waiguan, Hegu, Huantiao, Zusani, Xuanzhong, Sanyinjiao, Taichong | Fugl-Meyer Score FIM Score | NA | 5 months | NA |
| Xia 2015[12] | Clinical observation of acupuncture plus rehabilitation training for post-stroke depression | RCT 108 | 67±8 | Depresion^40.2±13.7 days * | 8 weeks | Yintang, Baihui, Sishencong, Zusani, Sanyinjiao, Taichong, Neiguan, Shuigou, ADL, HAMD, FMA, MBI | 10 | 3 months | NA |
| Author | Description | Design | N | Time | Diagnosis | Outcomes | Acupoints | Time | Other Details |
|--------|-------------|--------|---|------|-----------|---------|----------|------|--------------|
| Xia 2016<sup>[45]</sup> | Does the addition of specific acupuncture to standard swallowing training improve outcomes in patients with dysphagia after stroke? a randomized controlled trial | RCT | 124 | 40 - 80 | Dysphagia | 38.9±11.6 days | Jiquan, Chize, Weizhong, Shenting | SSA | 4 A(2) | NA yes, evaluators |
| Xia 2016<sup>[13]</sup> | Post-stroke dysphagia treated with acupuncture of meridian differentiation: a randomized controlled trial | RCT | 116 | ^67±9 * 66±10 | Dysphagia | 4 - 12 days | Fengchi, Jiaji, Lianquan, Jijianquan, Baihui, Lique, Fenglong, Sanyinjiao, Jijin, Yuye, Taixi, Zhaohai | SSA | 4 A(2) | NA yes, evaluators |
| Xu 2007<sup>[5]</sup> | Observation on effect of Wuling Capsule in treating poststroke depression | RCT | 108 | 44 - 79 | Depression | NA | Wuling Capsule: Wulingjun | SSA | 14 | 3 months yes; outcome assessors |
| Author  | Title                                                                 | Study Design | Sample Size | Follow-up | Endpoint | Intervention | Outcome Measures | Effective Rate | Safety | Outcome Assessors |
|---------|------------------------------------------------------------------------|--------------|-------------|------------|----------|-------------|-----------------|----------------|--------|------------------|
| Yan 2016[46] | Therapeutic observation of thunder - fire moxibustion at Dazhui (GV14) and Shenshu (BL23) plus cognitive training for mild cognitive impairment due to ischemic cerebral stroke | RCT          | 60          | 8 weeks    | Dazhui, Shenshu | Clinical effective rate MoCA MMSE ADL WMS | NA NA NA | NA NA NA |
| Yang 2015a[27] | Clinical observation on the treatment with acupuncture combined with medicine on 33 cases with depression after apoplexy | RCT          | 63          | 6 weeks    | Shenmen, Naogan, Xin, Gan, Shen | Clinical effective rate HAMD | NA NA NA | NA NA NA |
| Zeng 2016[47] | Clinical study on acupuncture for ambulation disturbance in subacute stage of cerebral stroke | RCT          | 100         | 8 weeks    | Jianyu, Naohui, Shousanli, Waiguan, Zhongzhu, Chengfu, Yinmen, Weizhong, Yanglingquan, Chengjin | NIHSS FMA Bathel Score FAC Safety | NA NA NA | NA NA NA |
| Zhang 2009[17] | Effect of heat - reinforcing needling combined with rehabilitation training on | RCT          | 80          | 3 weeks    | Jianyu, Quchi, Hegu, Yanglingquan, Yinlingquan, Zusanli, Sanyinjiao | Fugl-Meyer effective rate | NA NA yes; outcome assessors | NA NA NA |
| Study          | Description                                                                 | Design | N   | Baseline | Intervention                                                                 | Follow-Up | Outcomes                  | Acupuncture Points                                      | Additional Notes                                                                |
|----------------|------------------------------------------------------------------------------|--------|-----|----------|------------------------------------------------------------------------------|-----------|---------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------|
| Zhang 2014[48] | Observation on efficacy of acupuncture combined with rehabilitation training for post-stroke balance disorders | Quasi-RCT | 59  | 30-75    | Balance disorder                                                              | 3 to 11 months | Motor function problem    | Dazhu, Dushu, Ganshu, Shenshu, Dachangshu, Guanyuanshu, Futonggu, Huangshu, Qixue, Liangmen, Tianshu, Daju, Fushe, Daheng, Fuai | Berg score ADL                                                                 |
| Zhang 2017[49] | Neuronavigation - Assisted Aspiration and Electro - Acupuncture for Hypertensive Putaminal Hemorrhage: A Suitable Technique on Hemiplegia Rehabilitation | RCT   | 240 | 57.2±9.6 | Motor function problem                                                        | 8 weeks   | FMA - UL, FMA - LL, MAS, BI | Jiquan, Quchi, Shousanli, Hegu, Waiguan, Jianyu, Jianliao, Binao, Yanglingquan, Zusanli, Baihui, Dazhui, Chengshan, Sanyinjiao | NA                                                                              |
| Zhao 2009[18]  | Effect of acupuncture treatment on spastic states of stroke patients         | RCT   | 131 | 58.50±11.6 | Motor function problem                                                        | 30 days   | MAS, FMA, BI, EMG          | Neiguan, Sanyinjiao, Shuigou, Jiquan, Chize, Weizhong, Fengchi | NA yes; physician examining the patients and carrying |
| Author       | Study Title                                                                 | Design | Sample Size | Intervention                              | Outcome Measures                        | Comparison | Measurement |
|--------------|-----------------------------------------------------------------------------|--------|-------------|-------------------------------------------|----------------------------------------|------------|-------------|
| Zheng 2018   | A clinical study on acupuncture in combination with routine rehabilitation therapy for early pain recovery of post-stroke shoulder-hand syndrome | RCT    | 178         | Motor function problem                     | 7 days - 3 months                      | Jianyu, Jianliao, Jianzhen, Jianneiling, Quchi, Shousanli, Hegu, Waiguan | NA         | NA          |
| Zhong 2002   | Effects of acupuncture and balance facilitation of muscular tension on the early rehabilitation of patients with stroke and hemiplegia | RCT    | 96          | Balance disorder                           | 26 - 28 days                           | Tianfu, Cize, Shaohai, Quze, Hongzhong, Ximen, Neiguan, Yuji, Shenmen, Tongli, Huantiao, Futu, Fengshi, Zusanli, Yanglingquan, Weizhong, Chengshan, Jiexi, Kunlun | FMA ADL    | NA          |
| Zhou 2013    | Clinical research on post-stroke dysphagia treated with nape acupuncture and rehabilitation training | Quasi-RCT | 80          | Dysphagia                                 | 4 weeks                                | Fengchi, Yiming, Gongxue, Zhiqiang, Tunyan, Lianquan, exteriorJinjin, exteriorYuye | WDT SSA VFSS | NA          |
| Study  | Title                                                                 | Design | N | Mean and SD/Range | 4 weeks | Modified Ashworth Scale | Composite spasticity scale | Fugl-Meyer assessment scale | Barthel Index | IEMG RMS | FMA | ADL | WHOQOL - BREF | Duration | Outcome |
|--------|-----------------------------------------------------------------------|--------|---|-------------------|---------|-------------------------|---------------------------|-----------------------------|----------------|---------|-----|-----|----------------|----------|---------|
| Zhu 2014[51] | Clinical efficacy and sEMG analysis of a new traditional Chinese medicine therapy in the treatment of spasticity following apoplectic hemiparesis | RCT    | 60 | 40 - 80 ^ 63.17 ± 9.50 * 65.53 ± 8.64 | 4 weeks | 7.86 ± 6.62 days * 8.46 ± 5.14 days | | | | | | | 1 month | |
| Zhang 2020[52] | Clinical effect of traditional Chinese medicine acupuncture and moxibustion combined with rehabilitation training in the treatment of hemiplegia after cerebral apoplex | RCT    | 60 | ^ 63.89 ± 13.2 5 * 64.15 ± 13.4 7 | 4 weeks | Jianliao, Binao, Liangqiu, Fengshi, Tianjing, Xuehai, Yanglingquan, Yinlingquan, Sanyinjiao | NIHSS MMT FMA ADL WHOQOL - BREF | | NA | NA | | | 1 month | |
| Study | Intervention | Design | Sample Size | Primary Outcome | Secondary Outcome | Treatment | TCM Components |
|-------|--------------|--------|-------------|-----------------|-------------------|----------|----------------|
| Teng 2019<sup>[21]</sup> | Effect of Peiyuan Xiaoshuan Jieyu prescription and brain protein hydrolysate on the levels of monoamine neurotransmitters in cerebrospinal fluid and serum 5-hydroxytryptamine, brain-derived neurotrophic factor and apolipoprotein A1 in post-stroke depression patients with kidney deficiency and liver stagnation type | RCT | 94 | Depresion: *62.4 ±5.8*<sup>6</sup> months | Peiyuanxiaoshuanjieyu Decoction: *Huangqi, Baishu, Tianma, Gouqizi, Shudihuang, Baishao, Suanzaoren, Fuling, Zhimu, Xiangfu, Chaihu, Yujin* | TCM | *HAMD* |
| Yan 2019<sup>[6]</sup> | Effect of western medicine combined with Chaihu plus Longgu Muli decoction in the treatment of patients with post-stroke depression | RCT | 68 | Depresion (Dependency): *60.40 ±3.42* days | Chaihujialonggumuli decoction: *Muli, Huangqi, Longgu, Dangcen, Chaihu, Guizhi, Fuling, Xiangfu, Zhibanxia, Zhizi, Dahuang, Gancao, Dazao* | TCM | *HAMD, NIHSS, Barthel index, ADL* |
| Author(s) | Title | Method | Sample Size | Depressed Duration | Treatment | Treatment Details | End Points | Results |
|----------|-------|--------|-------------|--------------------|-----------|-------------------|------------|---------|
| Fu et al. 2019 | Effect of Acupuncture plus Medication on Electroencephalogram and the Levels of Serum NE, NSE, IL-6 and TNF-α in Post-stroke Depression Patients | RCT | 96 | 62±8 | Depressed | Baihui, Shuigou, Yintang, Neiguan, Sanyinjiao | HAMD Electroencephalography | NA |
| Ye et al. 2020 | Clinical Study on Tongluo Ditan Tang Combined with Rehabilitation Training for Shoulder-Hand Syndrome After Stroke | RCT | 95 | 58.89±9.66 | Motor function (dependency) | Tongluoditan Decoction: Huangqi, Baishao, Yanhusuo, Banxia, Fuling, Guizhi, Chuanxiong, Yujin, Qianghuo, Tiannanxing, Jiangcan, Dilong, Gancao | SHS TCM Clinical effective rate | NA |
| Jiang et al. 2020 | Clinical Study of Dysphasia After Cerebral Stroke Mainly Treated with Three Tongue Needle Therapy | RCT | 130 | 60±10 | Dysphasia | upperLianquan | HAMA HAMDS EMG | ^3 * 7 |
| Author | Title                                                                 | Study Design | Sample size | Intervention                                                                 | Outcome Measures | Effect Size | p Value | Clinical Efficacy Rate |
|--------|------------------------------------------------------------------------|--------------|-------------|--------------------------------------------------------------------------------|------------------|-------------|---------|-----------------------|
| Li     | The therapeutic Effect of Acupuncture Combined with rehabilitation Training on Shoulder-hand Syndrome after Stroke: 55 Cases | RCT          | 110         | Motor function problem                                                                 | 1 month          | Jianyu, Jianliao, Quchi, Waiguan, Hegu | NA      | NA                    |
| Wang   | Clinical Observation of Gualou Guizhi Tang for Lower Limb Spasm After Stroke and Its Effect on Motor Function of Lower Limbs | RCT          | 203         | Motor Function                                                                 | 4 weeks          | Gualouguizhi Decoction: Gualougen, Guizhi, Shengjiang, Bai shao, Dazao, Gancao | TCM    | 0                     |
| Wang   | Clinical Study on Treatment of Depression After Stroke with Combination of Chinese and Western Medicine | RCT          | 76          | Depression (Dependenc)                                                                 | 4 weeks          | Shuganyishentongluo Decoction: Huangqi, Chaihu, Zhike, Shichangpu, Baishu, Yujin, Fuling, Danggui, Suanzaoren, Gancao | HAMD   | 0                     |
| Wang   | Clinical efficacy of qi-tonifying and stasis-eliminating therapy in treatment of ischemic stroke patients in | RCT          | 125         | Dependency >= 14days                                                              | 4 weeks          | Qi-tonifying and stasis-eliminating decoction: Huangqi, Dilon, Chishao, Danggui | NIHSS  | 0                     |
| Study | Treatment | Study Design | Mean | SD | Outcome | Comparator | Effect Measure | N/A | N/A | N/A |
|-------|-----------|--------------|------|----|---------|-------------|----------------|-----|-----|-----|
| Han 2018 | Chaihu plus Longgu Muli Decoction combined with Fluoxetine in the Treatment of Post Stroke Depression (Ganyu Tanrao) Randomized Parallel Control Study | Quasi-RCT | 62.25±7.28 | | Depression | 4 weeks | Chaihu plus Longgu Muli decoction: Muli, Longgu, Danggui, Huangqi, Dangshen, Chaihu, Guizhi, Yujin, Dilong, Dazao, Banxia, Fuling, Gancao | HAMD | MESSS | GQOLI-74 | 0 | NA | NA |
| Jia 2017a | The effect of Chinese drug for tonify qi and activate the blood on dyskinesia at recovery period after ischemic stroke with syndrome of qi deficiency and blood stasis and its effect on S100β and Hcy | RCT | 64.90±5.34 | | Dysphagia | 8 weeks | modified Buyanghuanwu Decoction: Huangqi, Dangcan, Chuanxiuxi, Dilong, Sangjisheng, Jixueteng, Guizhi, Danggui, Chishao, Chuanxiong, Duzhong, Shenjincao, Gancao | TCM | FMA | BI | 0 | NA | NA |
| Xiang 2016 | Therapeutic Observation of Low-frequency Electrical Stimulation plus Acupuncture for Deglutition Disorders | RCT | 53±8 | | Dysphagia | 5.7 weeks | Neiguan, Shuigou, Sanyinjiao, Fengchi, Wangu, Yifeng | WDT | Clinical effective rate | 0 | NA | NA |
| Study | Description                                                                 | Design | n | Duration | Intervention                                                                 | Primary Outcomes | Improvement | 4 weeks | Comparison |
|-------|------------------------------------------------------------------------------|--------|---|----------|------------------------------------------------------------------------------|------------------|------------|---------|------------|
| Xu    | Efficacy assessment of treating post-stroke shoulder-hand syndrome patients of yin deficiency yang hyperactivity with blood stasis stagnation collaterals syndrome by yishen tongluo decoction | RCT    | 60 | 32.21±7.01 days | Yishenjiejing decoction: Duzhong, Tianma, Sanqi, Shanyurou, Quanxie, Baishao | Clinical effective rate | 32.21±7.01 days | 64.23±7.66 | 31.18±7.85 |
| Wan   | Post-stroke shoulder-hand syndrome treated with acupuncture and rehabilitation: a randomized controlled trial | RCT    | 120| 38.4±9.0 days | Taiyuan, Zusanli, Xuanzhong, Waiguan, Shousanli, Quchi, Jianpi | TCM FMA | 38.4±9.0 days | 60±6 | 53±6 |
| Xu    | Clinical Observation of Jin’s Three-needle Acupuncture plus Rehabilitation for Post-stroke Spastic Hemiplegia | RCT    | 76 | 50.39±2.52 days | Niesanzhen, Jiquan, Chize, Neiguan, Shuqi, Yinlingquan, Sanjinjiao | Clinical effective rate | 50.39±2.52 days | 60±10 | 65±6 |

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| Study | Title | Design | Sample Size | Efficacy | Intervention | Outcome Measures | Comparison | Funding | Study Quality |
|-------|-------|--------|-------------|----------|--------------|------------------|------------|---------|--------------|
| Chen 2016 [58] | Efficacy Study of Acupuncture and Moxibustion on Dysphagia after Stroke | RCT | 60 | 22.63 days | 4 weeks | Fengchi, Wangu, Tianzhu, Lianquan, interiorDaying, Jinjin, Yuye | WDT PRO | 0 | NA NA |
| Tang 2016 [1] | Analysis of five Buyanghuanwu decoction combined with western medicine treatment of stroke sequela | Quasi-RCT | 80 | 4.3 months | 4.3 weeks | Buyanghuanwu Decoction: Huangqi, Chuanxiong, Dangguiwei, Taoren, Dilong, Honghua | NIHSS FMA BI | 0 | NA NA |
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