Supplementary Table 1S: Statistics on primary diseases of 314 patients with ADRs to *Acanthopanax* injection*.

<table>
<thead>
<tr>
<th>Primary diseases</th>
<th>Cases</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood diseases</td>
<td>3</td>
<td>Nervous system</td>
</tr>
<tr>
<td>Plateau erythrocythemia</td>
<td>1</td>
<td>[36]</td>
</tr>
<tr>
<td>Chronic mountain sickness</td>
<td>2</td>
<td>[59]</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>117</td>
<td>Cerebral thrombosis</td>
</tr>
<tr>
<td>Viral myocarditis</td>
<td>1</td>
<td>[65]</td>
</tr>
<tr>
<td>Sinus bradycardia</td>
<td>1</td>
<td>[17]</td>
</tr>
<tr>
<td>Arrhythmias</td>
<td>1</td>
<td>[75]</td>
</tr>
<tr>
<td>Hypertension</td>
<td>12</td>
<td>Concussion</td>
</tr>
<tr>
<td>Heart diseases</td>
<td>3</td>
<td>[66-68]</td>
</tr>
<tr>
<td>Hyperlipemia</td>
<td>9</td>
<td>[93-98]</td>
</tr>
<tr>
<td>Coronary heart disease</td>
<td>50</td>
<td>Insomnia</td>
</tr>
<tr>
<td>Coronary insufficiency</td>
<td>4</td>
<td>[61, 145-147]</td>
</tr>
<tr>
<td>Flustered</td>
<td>2</td>
<td>[78, 155]</td>
</tr>
<tr>
<td>Myocardial ischemia</td>
<td>2</td>
<td>[148, 161]</td>
</tr>
<tr>
<td>Angina pectoris</td>
<td>26</td>
<td>[78, 165-176]</td>
</tr>
<tr>
<td>Precordial pain</td>
<td>2</td>
<td>[179, 180]</td>
</tr>
<tr>
<td>Thromboangiitis</td>
<td>1</td>
<td>[68]</td>
</tr>
<tr>
<td>Myocardial infarction</td>
<td>1</td>
<td>[50]</td>
</tr>
<tr>
<td>Heart failure</td>
<td>2</td>
<td>[185]</td>
</tr>
<tr>
<td>Endocrine system</td>
<td>21</td>
<td>Respiratory</td>
</tr>
<tr>
<td>Menopausal syndrome</td>
<td>7</td>
<td>[110, 187-191]</td>
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<tr>
<td>Hyperthyrexa</td>
<td>2</td>
<td>[80, 193]</td>
</tr>
<tr>
<td>Diabetes mellitus</td>
<td>11</td>
<td>[122, 195-203]</td>
</tr>
<tr>
<td>Hyperhidrosis</td>
<td>1</td>
<td>[81]</td>
</tr>
<tr>
<td>Gastrointestinal diseases</td>
<td>3</td>
<td>Cough</td>
</tr>
<tr>
<td>Gastralgia</td>
<td>1</td>
<td>[205]</td>
</tr>
<tr>
<td>Complex ulcer</td>
<td>2</td>
<td>[206]</td>
</tr>
<tr>
<td>Infectious diseases</td>
<td>3</td>
<td>Asthma</td>
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<tr>
<td>Hepatitis B</td>
<td>2</td>
<td>[81]</td>
</tr>
<tr>
<td>Virus hepatitis</td>
<td>2</td>
<td>[213]</td>
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<tr>
<td>Orthopedics diseases</td>
<td>15</td>
<td>Kidney diseases</td>
</tr>
<tr>
<td>Cervical spondylosis</td>
<td>11</td>
<td>[78, 90, 123, 165-168, 188, 214, 215]</td>
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<tr>
<td>Fracture</td>
<td>2</td>
<td>[217, 218]</td>
</tr>
<tr>
<td>Lacerated wound</td>
<td>1</td>
<td>[217]</td>
</tr>
<tr>
<td>Lumbar intervertebral disc prolapse</td>
<td>1</td>
<td>[220]</td>
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<tr>
<td>Total</td>
<td>314</td>
<td></td>
</tr>
</tbody>
</table>

Supplementary Table 2S: Onset time and dosage leading to ADRs to *Acanthopanax* injection in the scattered reports*.
Onset Time | Cases (%) | Dosage | Cases (%)
---|---|---|---
≤10 min | 75 (49.7) | ≤50 mL | 27 (46.6)
11-30 min | 48 (31.8) | 51-100 mL | 18 (31.0)
31-60 min | 5 (3.3) | 101-200 mL | 8 (13.8)
>1 h | 23 (15.2) | >200 mL | 5 (8.6)
Total | 151 (100.0) | Total | 58 (100.0)

* NB: The scattered reports of ADRs to *Acanthopanax* injection only described either the onset time or dosage of ADRs.

**Supplementary Table 3S**: Quality assessment of all articles cited for review*.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Randomization</th>
<th>Control</th>
<th>Therapeutic regimen</th>
<th>ADR onset time</th>
<th>Dosage</th>
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</thead>
<tbody>
<tr>
<td>Grades</td>
<td>A</td>
<td>B</td>
<td>A</td>
<td>B</td>
<td>A</td>
</tr>
<tr>
<td>Case reports</td>
<td>149</td>
<td>0</td>
<td>149</td>
<td>0</td>
<td>125</td>
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<tr>
<td>Clinical Trials</td>
<td>32</td>
<td>9</td>
<td>34</td>
<td>7</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>181</td>
<td>9</td>
<td>183</td>
<td>7</td>
<td>142</td>
</tr>
</tbody>
</table>

*, “C” groups were not shown in this table for space consideration because all articles were assessed no C.

* a, Quality of Randomization: For clinical trials, A, randomized; B, no randomization. All case reports were graded as “A” because the adverse reaction case(s) was approved by the doctor group and their hospitals before submission for publication and the case(s) occurred occasionally among a large amount of patients administered with *Acanthopanax* injection.

b, Quality Control in Clinical Trials and Case reports: A, contains both controls by other drugs and comparison before and after medication; B, contains only controls by other drugs or only comparison before and after medication; C, contains no controls or comparison. Case report: Each adverse event case was evaluated for its connection with the injection by the author(s) and colleagues before submission for consideration for publication and peer-review.

c, Status of therapeutic regimen. A, no drugs used before *Acanthopanax* injection. B, other drugs used before *Acanthopanax* injection. C, other drugs used simultaneously with *Acanthopanax* injection.

d, ADR onset time: A, Early phase reaction; B, Undescribed; C, Late phase reaction.

e, *Acanthopanax* injection dosage: A, Normal dosage; B, Undescribed; C, Abnormal dosage.

**Supplementary References**


3. Yang TF WS: Two cases of atrioventricular block caused by Acanthopanax injection (In


59. Shi CP LZ: One case of allergic asthma caused by Acanthopanax injection (In Chinese).


142. Li Y HB: Sulfotanshinone sodium vs Acanthopanax senticosus injection in treating unstable


