

Supplemental Material

S1 Table: study inclusion and exclusion criteria

Study inclusion and exclusion criteria

Inclusion Criteria:

- ages eligible for Study: 18 years or older
- genders eligible for Study: Both
- AICH confirmed by craniocerebral CT scan
- within 6 hours after the onset of symptom
- GCS \geq 6
- sign the informed consent form

Exclusion Criteria:

- secondary intracerebral hemorrhage resulting from trauma, brain tumor, blood diseases, arteriovenous malformation or aneurysm, etc;
- patients with severe heart, liver or kidney disease.
- Intolerance to herbal medicine,
- patients with allergies
- patients planning a surgical evacuation of hematoma with severe cerebral hernia at super-early stage
- patients with poor compliance

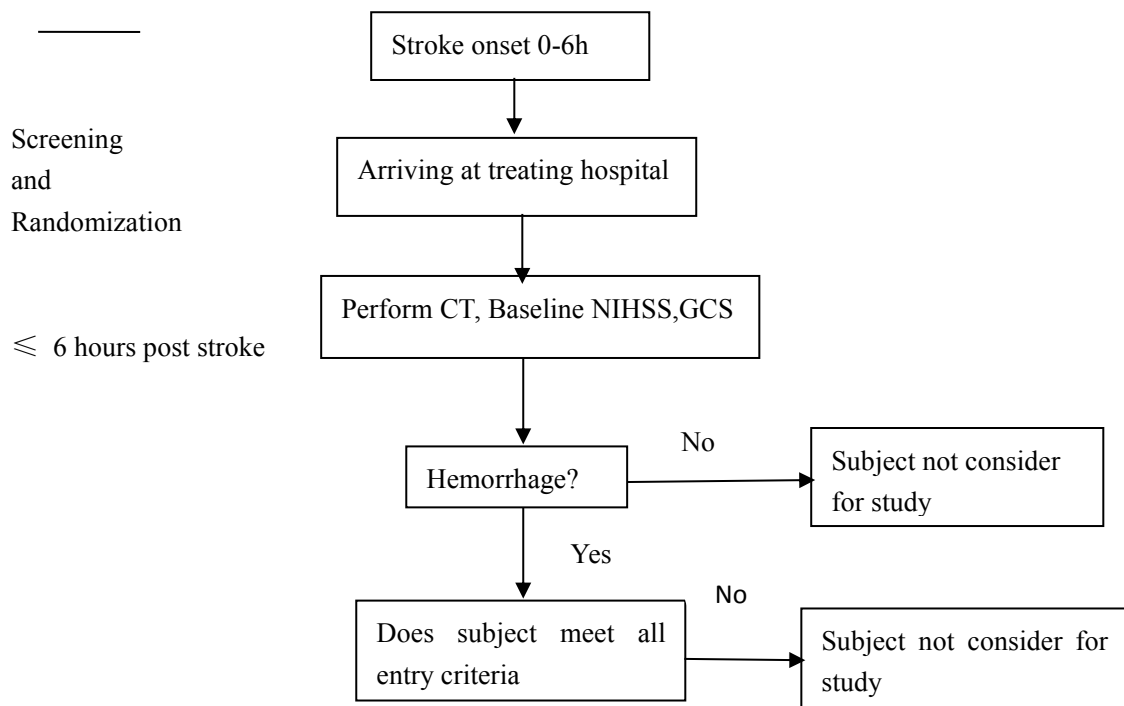
TCM, Chinese Medicine. AICH, acute intracerebral hemorrhage. CT, computed tomography; GCS, Glasgow coma scale.

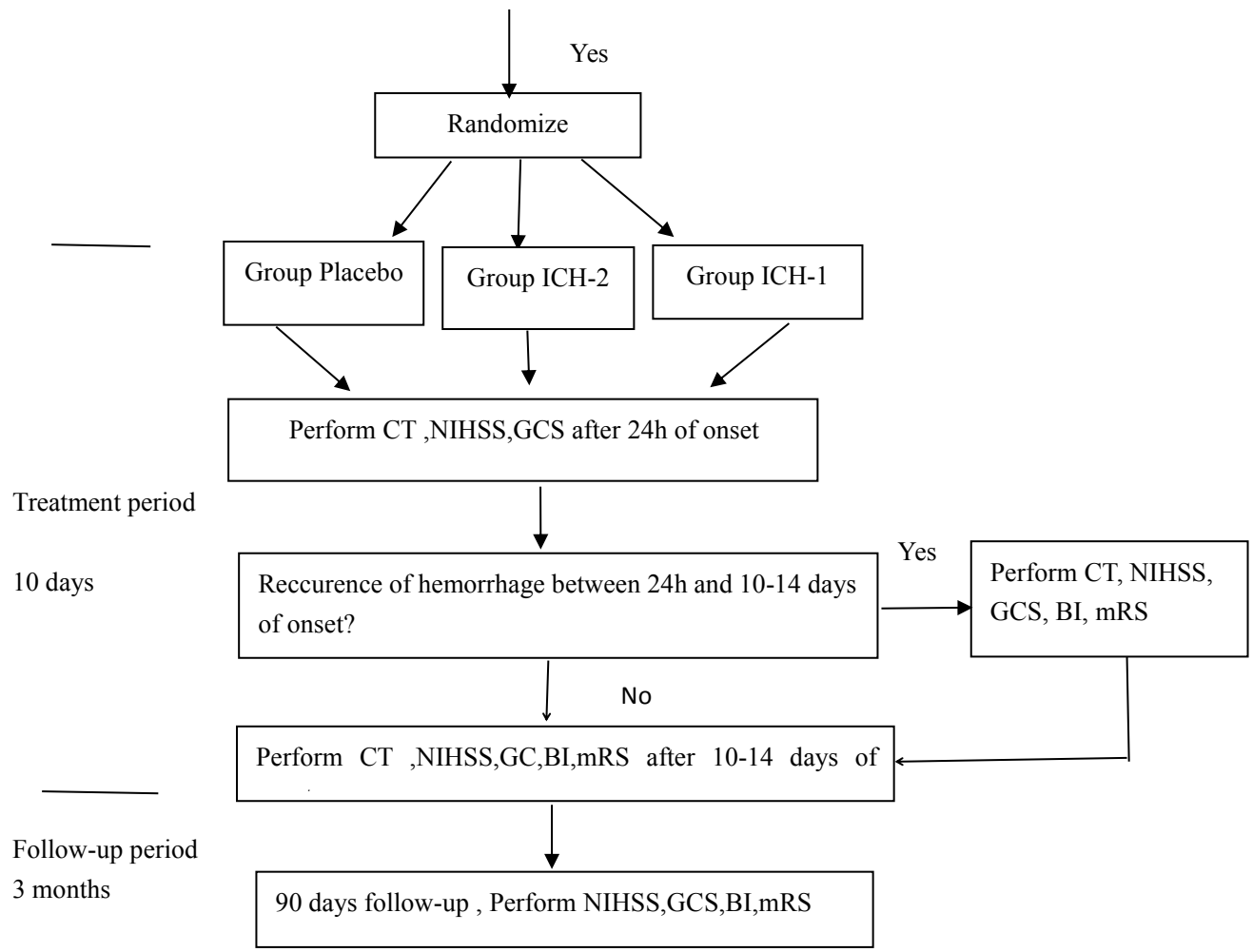
S2 Table : Full list of Principle investigators and study centers

Centre NO.	Principle Investigator	Centre address, zip code	Number of patients randomized
1	Zhangyong Xia, Rui Zhang, Guangzeng Li	Liaocheng People's Hospital, Liaocheng, Shandong Province, China, 252000	39
2	Guangsheng Chen, Bochang Lin, Weiming Zhu	Boluo County People's Hospital, Huizhou, Guangdong, China, 514610	32
3	Qianshan Zhao, Richao Chen, Yongtong He	Jiangmen Wuyi Traditional Chinese Medicine Hospital, Jiangmen, Guangdong, China, 529000	9
4	Jiexia Li, Xiaomei Huang, Mengxin Huang	The hospital of Chinese Medicine of Conghua City, Conghua, Guangdong, China, 5109000	27

5	Chaojun Chen, Jianfang Hu, Peiqun Yang	Guangzhou Hospital of Integrated traditional and west medicine, Guangzhou, Guangdong, China, 510800	2
6	Yongbo Zhang, Quanliang Wang, Xiulan Huang	Shouguang City People's Hospital, Shouguang, Shandong, China, 262700	21
7	Gan Huang, Lianying Li, Yanchun Li	Yangjiang Hospital of Traditional Chinese Medicine, Yangjiang, Guangdong, China, 529500	13
8	Kaiyun Zhu, Ningping Liu, Yinghong Zhang	Panyu Hospital of Chinese Medicine Guangzhou, Guangdong, China, 511400	1
9	Saihua Luo ,Zai Liang, Bing Qiu	Lianjiang People's hospital, Lianjiang, Guangdong, China, 524400	19
10	Guanghai Tang, Kai Zhao, Guang Yang	Shenyang No.2 traditional Chinese medical hospital, Shenyang, Liaoning, China, 110000	54
11	Jianbin Zhong, Simin Zhong, Sijun Zhang	Boji-affiliated Hospital of Sun Yat-sen University, zengcheng, Guangdong, China, 511300	42
12	Jianwen Guo, Liling Zeng, Jing Wang	Guangdong Provincial Hospital of Chinese Medicine, Guangzhou, Guangdong, China, 510120	42
13	Yue Wang, Wenjun Liu, Jing Zuo	Zhongshan Hospital of Hubei Province, Wuhan, Hubei, China,430032	9
14	Tao Huang, Ronming Lin, Qixin Zhang	Guangzhou Charity Hospital, Guangzhou, Guangdong, China,510000	14

S1 Fig: Study design





S1 Fig. Study design diagram. Subjects who had suffered hypertensive intracerebral hemorrhage were randomized to receive placebo, ICH-1, ICH-2 in a 1:1:1 ratio within 6 hours following the stroke onset. The trial consisted of a screening period (up to 6 hours), followed by a randomized treatment period (up to 2 weeks treatment period), ending with a 3-month efficacy follow-up period (where subjects were allowed to undergo treatment in accordance with standard clinical practice). CT, computed tomography; CTA, computed tomography angiography; NIHSS, National Institutes of Health Stroke Scale; mRS, modified Rankin Scale; BI, Barthel Index; GCS, Glasgow coma scale.

S3 Table : Groups and Interventions

Groups	Interventions	Direction
ICH-1	8 herbal, including 2 herbals of RBS (<i>Hirudo nipponica</i> Whitman and <i>Tabanus bivittatus</i> Matsumura)	one dose, bid, by oral or nasogastric tube for 10 days
ICH-2	6 herbals (removed the 2 herbals of RBS from the ICH-1 formula)	one dose, bid, by oral or nasogastric tube for 10 days
Placebo Comparator	placebo herbal medicine (with dextrin, farina and so on)	one dose, bid, by oral or nasogastric tube for 10 days

*RBS, removing blood stasis.

S4 Table: Composition of the ICH-1 formula

TCM ID	Plant/animal parts included	Condition	dosage(gram)	dosage form
Hirudo nipponica Whitman	entire body	dry	1.0	granules
Tabanus bivittatus Matsumura	entire body	dry	1.0	granules
Rheum officinale Baill	rhizome	dry	1.5	granules
Typha angustifolia L	pollen	dry	1.5	granules
Trichosanthes kirilowii Maxim.	seed	dry	1.5	granules
Panax notoginseng (Burk.) F. H. Chen	rhizome	dry	1.0	granules
Acorus tatarinowii Schott	rhizome	dry	1.0	granules
Chinemys reevesii (Gray)	shell	dry	1.5	granules

S5 Table : All primary, secondary and safety endpoints

Primary
Hematoma enlargement:the percent change in the volume of hematoma at 24 hours,on 10-14 th day
Secondary
Between-group differences in the NIHSS at 3 months
Mortality on the 10 th -14 th day, 3 months
Poor prognosis popularly as defined by mRS score \geq 5 at 3 months
Adverse events

NIHSS, National Institutes of Health Stroke Scale; mRS, modified Rankin Scale.