**Supplemental Table1. Characteristics of the analyzed studies in the meta-analysis**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Study author | Year of publication | Total, n | Age, years (Exp. /Con.) | Sex, n (male /female) | Baseline cardiac function (NYHA class or LVEF) | Intervention of Exp. | Intervention of Con. | Jadad soring |
| Sui [6] | 2009 | 60 | 61.0±7.6/63.0±8.1 | 45/15 | NYHA class Ⅱ-Ⅳ, LVEF≤45% | QDP+RWM | RWM | 2 |
| Wu [7] | 2013 | 60 | 66.1±6.6/65.0±7.9 | 33/27 | NYHA class Ⅱ-Ⅳ, LVEF≤45% | QDP+RWM | RWM | 4 |
| Zhang [8] | 2013 | 60 | N/A | 36/24 | NYHA class Ⅱ-Ⅳ, LVEF≤45% | QDP+RWM | RWM | 2 |
| Lin [9] | 2014 | 56 | 63.2±9.2/63.7±9.9 | 25/31 | NYHA class Ⅱ-Ⅳ,LVEF, N/A | QDP+RWM | RWM | 4 |
| Zhang [10] | 2013 | 80 | 69.1±8.5/68.7±7.4 | 43/37 | NYHA class Ⅱ-Ⅳ, LVEF≤42% | QDP+RWM | RWM | 2 |
| Shao [11] | 2015 | 70 | 62.3±10.9/61.3±9.7 | 42/28 | NYHA class Ⅱ-Ⅳ, LVEF≤45% | QDP+RWM | RWM | 3 |
| Guan [12] | 2013 | 100 | 63.7±9.4/65.0±10.9 | 62/38 | NYHA class Ⅱ-Ⅳ,LVEF, N/A | QDP+RWM | RWM | 2 |
| Jia [13] | 2012 | 80 | 62.4±8.6 | 36/44 | NYHA class Ⅱ-Ⅳ, LVEF≤40% | QDP+RWM | RWM | 2 |
| Lv [14] | 2012 | 96 | 68.5±3.6/67.8±3.3 | 57/39 | NYHA class Ⅱ-Ⅳ, LVEF, N/A | QDP+RWM | RWM | 2 |
| Sun [15] | 2014 | 120 | N/A | N/A | NYHA class Ⅱ-Ⅳ, LVEF, N/A | QDP+RWM | RWM | 2 |
| Wang [16] | 2016 | 100 | 66.4±6.4/65.8±6.7 | 46/54 | NYHA class Ⅱ-Ⅳ, LVEF≤45% | QDP+RWM | RWM | 2 |
| Wang [17] | 2012 | 60 | 66.8±4.4/65.2±3.6 | 31/29 | NYHA class Ⅱ-Ⅳ, LVEF≤50% | QDP+RWM | RWM | 3 |

Exp. =Experimental group; Con. =Control group; QDP=Qishenyiqi dripping pills; RWM=routine western medicines (aspirin, digoxin, furosemide, captopril, valsartan, metoprolol, isosorbide, etc.); Data are mean ± standard deviation (SD) and n for categorical data; N/A=not available.