Article title: A scoping review of published literature on the contributions of the natural health products (NHPs) industry to pharmacovigilance for NHPs.

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Journal name: Drug Safety

Supplementary Table S1. Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	Title page
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	Abstract page
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	5-7
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	7
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	N/A
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	7-9, Tables 1-3
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	7
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	Supplementary Table S2

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	7-8
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	9-10
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	9-10
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	N/A
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	9-10
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	9-10, Fig 1
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	Fig 1
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	N/A
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	10-12, Supplementary Table S4, Tables 5-9
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	10-27, Tables 4-9
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	28-32

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
Limitations	20	Discuss the limitations of the scoping review process.	32-33
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	34
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	Funding statement

JBI = Joanna Briggs Institute; PRISMA-ScR = Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews.

* Where *sources of evidence* (see second footnote) are compiled from, such as bibliographic databases, social media platforms, and Web sites.

† A more inclusive/heterogeneous term used to account for the different types of evidence or data sources (e.g., quantitative and/or qualitative research, expert opinion, and policy documents) that may be eligible in a scoping review as opposed to only studies. This is not to be confused with *information sources* (see first footnote).

‡ The frameworks by Arksey and O'Malley (6) and Levac and colleagues (7) and the JBI guidance (4, 5) refer to the process of data extraction in a scoping review as data charting.

§ The process of systematically examining research evidence to assess its validity, results, and relevance before using it to inform a decision. This term is used for items 12 and 19 instead of "risk of bias" (which is more applicable to systematic reviews of interventions) to include and acknowledge the various sources of evidence that may be used in a scoping review (e.g., quantitative and/or qualitative research, expert opinion, and policy document).

From: Tricco AC, Lillie E, Zarin W, O'Brien KK, Colquhoun H, Levac D, et al. PRISMA Extension for Scoping Reviews (PRISMAScR): Checklist and Explanation. Ann Intern Med. 2018;169:467–473. doi: 10.7326/M18-0850.

Supplementary Table S2. Search strategy.

Example search strategy for MEDLINE. Keywords within each column was first combined with 'OR'. Afterwards, the results from the combined keyword searches within each individual column were then combined with 'AND', i.e., Population AND Context1 AND Context2.

	Population		**Context1**		**Context2**
1	Herbal Medicine/	45	Pharmacovigilance/	71	Drug Industry/
2	Dietary Supplements/	46	Adverse Drug Reaction Reporting Systems/		
3	Plants, Medicinal/	47	Product Surveillance, Postmarketing/	72	Industr*.ti,ab,kw
4	Phytotherapy/			73	Sponsor*.ti,ab,kw
5	Medicine, Traditional/	48	Safety ADJ3 report*.ti,ab,kw	74	Compan*.ti,ab,kw
6	Plant Preparations/	49	Safety ADJ3 monito*.ti,ab,kw	75	Market*.ti,ab,kw
		50	Safety ADJ3 surveillance*.ti,ab,kw		
7	Complementary ADJ3 therap*.ti,ab,kw			76	Producer*.ti,ab,kw
8	Complementary ADJ3 medicine*.ti,ab,kw	51	Adverse ADJ2 even* ADJ3 report*.ti,ab,kw	77	Manufacturer*.ti,ab,kw
9	Complementary ADJ3 treatment*.ti,ab,kw	52	Adverse ADJ2 event* ADJ3 monitor*.ti,ab,kw		
10	Complementary ADJ3 remed*.ti,ab,kw	53	Adverse ADJ2 event* ADJ3 surveillance*.ti,ab,kw	78	Supplier*.ti,ab,kw
11	Complementary ADJ3 supplement*.ti,ab,kw			79	Distributor*.ti,ab,kw
12	Complementary ADJ3 product*.ti,ab,kw	54	Adverse ADJ2 reaction* ADJ3 report*.ti,ab,kw	80	Wholesale*.ti,ab,kw
		55	Adverse ADJ2 reaction* ADJ3 monitor*.ti,ab,kw		
13	Alternative ADJ3 therap*.ti,ab,kw	56	Adverse ADJ2 reaction* ADJ3 surveillance*.ti,ab,kw	81	Product ADJ5 authori*ation ADJ3 holder*.ti,ab,kw
14	Alternative ADJ3 medicine*.ti,ab,kw			82	Market ADJ5 authori*ation ADJ3 holder*.ti,ab,kw
15	Alternative ADJ3 treatment*.ti,ab,kw	57	Nutr*vigilance.ti,ab,kw	83	Patent ADJ5 authori*ation ADJ3 holder*.ti,ab,kw
16	Alternative ADJ3 remed*.ti,ab,kw	58	Phytovigilance.ti,ab,kw	84	Registration ADJ3 holder*.ti,ab,kw
17	Alternative ADJ3 supplement*.ti,ab,kw	59	Phytopharmacovigilance.ti,ab,kw	85	Registration ADJ5 authori*ation ADJ3 holder*.ti,ab,kw
18	Alternative ADJ3 product*.ti,ab,kw	60	Pharmacovigilance.ti,ab,kw	86	Licen*e ADJ5 authori*ation ADJ3 holder*.ti,ab,kw
		61	Ethnopharmacovigilance.ti,ab,kw		
19	Traditional ADJ3 therap*.ti,ab,kw			87	Blockchain*. ti,ab,kw
20	Traditional ADJ3 medicine*.ti,ab,kw	62	Product* ADJ3 surveillance*.ti,ab,kw		
21	Traditional ADJ3 treatment*.ti,ab,kw	63	Product* ADJ3 complaint*.ti,ab,kw		

22	Traditional ADJ3 remed*.ti,ab,kw				
23	Traditional ADJ3 supplement*.ti,ab,kw	64	Incident* ADJ3 report*.ti,ab,kw		
24	Traditional ADJ3 product*.ti,ab,kw				
		65	Postmarket* ADJ3 surveillance*.ti,ab,kw		
25	Natural ADJ3 therap*.ti,ab,kw	66	Postmarket* ADJ3 monitor*.ti,ab,kw		
26	Natural ADJ3 medicine*.ti,ab,kw	67	Post-market* ADJ3 surveillance*.ti,ab,kw		
27	Natural ADJ3 treatment*.ti,ab,kw	68	Post-market* ADJ3 monitor*.ti,ab,kw		
28	Natural ADJ3 remed*.ti,ab,kw	69	Post ADJ3 market* ADJ3 surveillance*.ti,ab,kw		
29	Natural ADJ3 supplement*.ti,ab,kw	70	Post ADJ3 market* ADJ3 monitor*.ti,ab,kw		
30	Natural ADJ3 product*.ti,ab,kw				
31	Botanical ADJ3 therap*.ti,ab,kw				
32	Botanical ADJ3 medicine*.ti,ab,kw				
33	Botanical ADJ3 treatment*.ti,ab,kw				
34	Botanical ADJ3 remed*.ti,ab,kw				
35	Botanical ADJ3 supplement*.ti,ab,kw				
36	Botanical ADJ3 product*.ti,ab,kw				
37	Botanical ADJ3 drug*.ti,ab,kw				
38	Nutraceutical*.ti,ab,kw				
39	Phytopharmaceutical*.ti,ab,kw				
40	Herbal ADJ3 Medicine*.ti,ab,kw				
41	Diet* ADJ3 Supplement*.ti,ab,kw				
42	Medicin* ADJ3 Plant*.ti,ab,kw				
43	Phytotherap*.ti,ab,kw				
44	Plant* ADJ3 Preparation*.ti,ab,kw				

Supplementary Table S3. List of examples of NHPs for the purpose of this review.

Dietary supplements or 'nutraceuticals'	products/preparations containing various ingredients (e.g., omega-3 fatty acids, fish oils, glucosamine, chondroitin, co-enzyme Q10), as well as some of the types of ingredients listed below
Herbal medicines/ remedies	medicines made from plants, or parts of plants (e.g., echinacea root, ginkgo leaf, St John's wort, valerian)
Homeopathic remedies; biochemic tissue salts	usually highly dilute preparations based on plants or other substances (e.g., Bryonia, Natrum muriaticum); tissue salts: Kali phos and others
Flower remedies/ essences	usually highly dilute preparations based on flowers, plants and trees (e.g., Bach flower remedies)
Medicinal algae preparations	preparations made from algae (e.g., seaweeds, red algae, blue-green algae)
Medicinal mushroom preparations	preparations made from mushrooms (e.g., lion's mane, maitake, shiitake, reishi (ganoderma), turkey tail, cordyceps, tiger milk mushroom, etc.)
Non-human animal-based product	animal collagen, bird's nest, bee products, fish oils, and some of the ingredients used in traditional medicines
Probiotics or prebiotics	live preparations of some types of bacteria, or ingredients that promote growth of healthy bacteria, usually made as capsules or powder
Traditional Māori medicines	preparations usually made from certain plants, minerals, animal products, and/or other substances (e.g., kawakawa, koromiko)
Traditional Pacific medicines	preparations usually made from certain plants, minerals, animal products, and/or other substances (e.g., noni, kava)
Traditional Chinese medicines	preparations (formula) usually made from certain plants, minerals, animal products, and/or other substances (e.g., licorice (gan cao), angelica (dang gui), ephedra (ma huang), ginseng (ren shen)).
Traditional Indian (Ayurvedic) medicines	preparations usually made from certain plants, minerals, animal products, and/or other substances (e.g., ashwagandha, triphala)
Vitamins and/or minerals	e.g., vitamin B, C, E etc., multivitamins, calcium, iron, magnesium, zinc
Sports supplements	e.g., creatine, beta-alanine, arginine, citrulline, protein powders
Essential oils	typically used in aromatherapy massage (e.g., lavender oil, peppermint oil)

Supplementary Table S4. Industry contributions to pharmacovigilance for natural health products: characteristics of included studies (n=33).

Author, year [Ref]	Country(ies)/region	Study design[a]	NHP(s) under study	Study database/population/sample*; sample size	Data collection period; duration[b]	Industry author/ Co-author/ study sponsor/ IP sponsor
(i) PMS study of a specific product/products with a specific main active natural ingredient(s)						
Cui, 2021 [1]	China	Multicentre, prospective, observational surveillance study	Qishe Pill; contains Radix Astragali, Muscone, Szechuan Lovage Rhizome, Radix *Stephaniae Tetrandrae*, Ovientvine, and *Calculus Bovis* Artifactus	Cervical radiculopathy participants aged 18 years who have been medically recommended Qishe Pill from 8 general hospitals in Shanghai; n=2023	May 2012 to Apr 2015; 3 years	Yes
He, 2020 [2]	China	Prospective, multicentre, observational study	XST injection; contains extract of *Panax notoginseng*	Manufacturer's PMS database of patients who received XST injections in 42 medical centres in 13 provinces; n=30,008	Mar 2015 to Nov 2017; 2.5 years	Yes
Li, 2018 [3]	China	Centralised monitoring study	XST injection; contains extract of *Panax notoginseng*	In-patients who received XST from 33 hospitals in 7 provinces; n=30,884	Jan 2015 to Dec 2016; 2 years	Yes
Yang, 2014 [4]	China	Analysis of ADR case reports and patient case notes	Xingxue® SXN injection; made from Yinxingye (Folium Ginkgo) extract	(i) ADR case reports from State ADR Monitoring Centre Spontaneous Report System; n=not reported (ii) patient case notes from 20 HIS; n=48,445	(i) SR system database: Jan 2005 to Dec 2012; 8 years (ii) HIS case notes; not reported	Yes
Stauss-Grabo, 2011 [5]	Germany	Post-marketing, open, non-interventional clinical trial	Prospan® Cough film-coated tablets; each contains 25mg of ivy leaves dry extract (Dry extract (DER 5-7.5:1), extraction solvent: ethanol 30% (m/m))	Patients ≥ 12 years old, suffering from an acute catarrh of the upper respiratory tract or a chronic inflammatory airway disease taking Prospan® Cough tablets; n=330	2008; duration not reported	Yes

Hübner, 2001 [6]	Germany	PMS	*Hypericum perforatum* LI 160 extract standardised to 900 μg hypericin	Children aged 1-12 with symptoms of depression and psychovegetative disturbances from 35 paediatric outpatient centres; n=101 started the study, n=75 completed the study	Mar to Nov 1998; 9 months	Yes
Ernst, 1995 [7]	Germany	Prospective multicentre PMS	Sinupret® tablet; contains *Gentianae radix, Primulae flos* (c. Calicybus) (cowslip flowers with calyx), *Rumicis herba* (sour dock herbs), *Sambuci flos* (elder flowers), *Verbenae herba* (shop vervain wort herbs)	Patients suffering from clinically diagnosed, uncomplicated, acute bronchitis; n=3187: Sinupret®=1805, synthetic expectorants=1382	Period and duration not reported	Yes
Woelk, 1994 [8]	Germany	Drug monitoring study	*H. perforatum* LI 160 extract	Patient with depression treated with *H. perforatum* extract for four weeks from 663 trial centres; n=3250	Period not reported; total drug monitoring study duration: 1.5 years	Yes
Schmitz, 2020a [9]	USA	Analysis of AE reports	CV Sciences, Inc. full spectrum hemp extract PlusCBD™ products	AE reports potentially associated with use of product from the manufacturer's product complaint database; n=1151	Jan 2018 to Dec 2019; 2 years	Yes
Klontz, 2015 [10]	USA	Retrospective analysis of AE reports	OxyELITE Pro™; contains aegeline, higenamine, caffeine, and yohimbine, or, in some products, a trio of 1,3-dimethylethylamine (DMAA), caffeine, and yohimbine	MedWatch reports involving consumers who ingested OxyELITE Pro; n=114	Jan 2011 to Feb 2014; 3 years	No
Suzuki, 2019 [11]	Japan	Open-label, non-comparative, prospective, multicenter, post-marketing survey	NYT; contains dried extract of Rehmannia root, Japanese Angelica root, Atractylodes rhizome, Poria sclerotium, Ginseng, Cinnamon bark, Peony root, Citrus Unshiu peel, Polygala root, Astragalus root, Schisandra fruit, and Glycyrrhiza	Outpatients ≥ 65 years old with at least one of the following indications: deterioration in constitution after disease, fatigue/malaise, anorexia, night sweat, coldness of limbs, and anaemia; n=808	Feb 2016 to Mar 2017; 1 year	Yes
Ebrahimi, 2009 [12]	Iran	Phase IV trial	ANGIPARS™ (100mg oral capsule and 3% topical gel); contains extract of *Melilotus officinalis*	Adult patients with diabetic foot ulcers which had not healed for at least two weeks; n=75	Period not reported; 6 months	Yes

Horoszkiewicz-Hassan, 2005 [13]	Poland	PMS	Bioaron C® syrup (contains aqueous extract of *Aloe arborescens* leaves, juice of *Aronia melanocarpa* fruit and ascorbic acid)	Children aged 3-10 from 62 paediatric centres who were spontaneously attended because of symptoms of upper respiratory tract infection; n=313	Period not reported; 14 weeks	Yes
Malek, 2024 [14]	Germany, Mexico, Italy	Analysis of case reports	*Pelargonium sidoides* root extract (EPs 7630)	Cases of EPs 7630 used in the context of the treatment or prophylaxis of a COVID-19 infection in the manufacturer and MAH's (Dr. Willmar Schwabe GmbH and Co. KG, Karlsruhe, Germany (Schwabe)) Global Pharmacovigilance Safety Database of EPs 7630; n=44	Dec 2019 to Feb 2023; 3 years 2 months	Yes
Banach, 2021 [15]	16 countries (Italy, Spain, Ireland, Germany, Greece, Belgium, Luxemburg, Malta, Hungary, Poland, Russia, Belarus, Ukraine, Thailand, Singapore, and Taiwan)	Analysis of suspected AR reports	Red yeast rice; under the trademark Armolipid and Armolipid Plus	AR reports from the nutrivigilance system established by Meda Pharma SpA, a Viatris Company, Monza, Italy; n=542	Oct 2004 to Dec 2019; 16 years 3 months	No
Chang, 2016 [16]	Germany, North America (USA, Canada), South Africa	Analysis of suspected AE reports	Commercially available extract of *Rheum rhaponticum* (ERr 731); has been marketed Phytoestrol N, Phyto-Strol, Phyto-Strol Loges, Phyto-Strol compact, Femi-loges, Estrovera	(i) Suspected AE reports collected by MAHs in PSURs and via spontaneous reporting (Germany); n=124 (ii) product complaints (North America and South Africa; n=79	(i) Germany: Jul 1993 to May 2013; 20 years (ii) North America and South Africa: July 1993 to Jun 2014; 21 years	Yes
Fazio, 2009 [17]	Latin America Region: Argentina, Central America, Chile, Colombia, Domanican Republic,	Prospective, uncontrolled, multicentric trial	*Hedera helix* extract (Prospan® in Venezuela and worldwide except Mexico: Panoto-s, Argentina: Athos, and the rest of Latin America: Abrilar)	Patients with a clinical diagnosis of bronchitis taking the related products; n=9657	Jan 2003 to Nov 2004; 23 months	Yes

	Ecuador, Mexico, Paraguay, Peru, Uruguay, Venenzuela					
(ii) PMS study of a range of products with different active natural ingredients						
Jong, 2020 [18]	Germany	Analysis of ADR reports	AMP	AMP-related ADR reports from 4 German pharmacovigilance databases, including Helixor Heilmittel GmbH (Rosenfeld, Germany), Iscador (Arlesheim, Switzerland), WALA Heilmittel GmbH (Bad Boll/Eckwälden, Germany), and Weleda AG (Arlesheim, Switzerland); n=5506	2010 to 2017; 20 years	Yes
Nieber, 2020 [19]	Germany	Retrospective survey	Any HMP	Paediatric populations with herbal medicinal products use in the past 8 weeks; n=2063	Apr 2014 to Dec 2016; 2 years 9 months	Yes
Jong, 2012 [20]	Germany	Retrospective analysis of ADRs	Anthroposophic and homoeopathic solutions for injection	ADRs documented in the pharmacovigilance databases of eight German manufacturers; n=486 case reports, 1180 ADRs	Jan 2000 to Dec 2009; 10 years	Yes
Kamin, 2007 [21]	Germany	Retrospective and prospective PMS	Pinimenthol ointment (contains eucalyptus oil, pine-needle oil, and menthol as active ingredients)	Patients suffering from acute symptoms of upper respiratory tract infections, age ≥12 years in 108 centres (general practitioners and medical specialists in private practice); n=3060: prospective=1986, retrospective=1074	Period and duration not reported	Yes
Li, 2022 [22]	China	Analysis of ICSRs	TCM[c]	ICSRs[c] with an outcome of death retrieved from the platform Pan-pearl Delta ADR Monitoring Platform (Pan-pearl Platform), China [12 provinces]; n=1731	Jan 2002 to May 2018; 16.5 years	No
Li, 2019 [23]	China	Analysis of ADR reports	TCM injections	Spontaneous ADE reports from Guangdong Provincial Centre for ADR Monitoring; n=50,243	2013 to 2017; 5 years	No

Guo, 2015 [24]	China	Analysis of government publications (ADR annual reports)	TCM[c]	Annual reports[c] for national ADR monitoring issued by China FDA; n=5 years	2009 to 2013; 5 years	No
Schmitz, 2020b [25]	USA and others (not specified)	Retrospective analysis of AE reports	DS	Consulting company's (Supplement Safety Solutions) AE database of two manufacturers; n=41,121	Mar 2014 to Aug 2016; 2.5 years	Yes
Timbo, 2018 [26]	USA	Analysis of AE reports	DS	CAERS data specifying at least 1 suspected dietary supplement product; n=15,430	2004 to 2013; 10 years	No
Frankos, 2010 [27]	USA	Retrospective analysis of CAERS case reports	DS	CAERS case reports received by the FDA of individuals who consumed DS and experienced AEs; n=1080	Jan 2008 - Dec 2008; 1 year	No
Choi, 2024 [28]	Republic of Korea	Analysis of ICSRs	84 frequently used HMPs selected from among the 134 licensed HMPs currently produced in Korea	ICSRs on 84 HMPs from KAERS; n=1054	2012 to 2021; 10 years	No
van Hunsel, 2022 [29]	Netherlands	Analysis of ADR reports	HMPs and HS	ADR reports on herbal medicinal products and herbal supplements submitted to the PV Centre Lareb; n=789	1991 to Feb 2021; 19 years	No
Ippoliti, 2021[30]	Italy	Analysis of SRs	FS used as cognitive and physical performance enhancers	SRs of ARs to dietary supplements, galenic preparations, herbal products, and homeopathic medicines used to improve physical and cognitive performance collected within the Italian Phytovigilance System; n=110	Mar 2002 to Sep 2020; 18.5 years	No
Xu, 2018 [31]	Singapore	Analysis of AE reports	CHP	CHP related AE reports submitted to the Vigilance & Compliance Branch of the HSA in Singapore; n=893	2010 to 2016; 7 years	No
Baars, 2005 [32]	European countries: Austria, Belgium, Finland, France,	Survey	Homeopathic injectables	Practitioners who use subcutaneous injections of	Period not reported; 1-2 months	Yes

	Germany, Ireland, Italy, The Netherlands, Spain, Sweden, Switzerland; and the UK			homoeopathic medicinal products; n=2564		
(iii) Product label study						
Silva, 2022 [33]	USA	Labelling compliance and assessment	Bovine liver supplements	DS products claiming to contain beef or bovine liver; n=49	Period and duration not reported	Yes

ADR: Adverse drug rection; AE: Adverse event; AMP: Anthroposophic medicinal product; AR: Adverse reaction; CAERS: Centre for Food Safety and Applied Nutrition Adverse Event Reporting System; CHP: Complementary health products; DS: Dietary supplement; FDA: Food and Drug Administration; FS: Food supplements; HIS: Hospital information system; HMP: Herbal medicinal product; HS: Herbal supplements; HSA: Health Sciences Authority; ICSRs: Individual case safety reports; IP: Investigational product; KAERS: Korea Adverse Event Reporting System; NHP: Natural health product; NYT: Ninjin'yoeito; PMS: Post-marketing surveillance study; PSUR: Periodic safey update report; PV: Pharmacovigilance; SR: Spontaneous report; SXN: Shuxuening; TCM: Traditional Chinese Medicine XST: Xuesaitong

[a] Terms extracted exactly as originally presented in respective articles.
[b] Refers to database period investigated for retrospective analysis of reports.
[c] Studies that collectively investigated conventional medicinal products and NHPs.
* If applicable/available.

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