

Supplementary Table 1								
Study	Population	Intervention	Comparator	Outcome variables	Design	Clinical impact of inter-vention	Risk of bias	Accessibility category
Abbaszadeh-Mas-hkani et al. (2020)	60 opioid patients under methadone maintenance treatment (MMT) aged 18â70 years	Crocine supplementation at 30 mg 1x/day for 12 weeks	Placebo supplementation for 12 weeks; all participants received methadone syrup	Primary outcome: reduction in craving and withdrawal symptoms Secondary outcome: improvement in cognitive function parameters (TMT, FAS test, DGSP)	Randomized controlled trial; allocation and randomization were concealed until final analyses	Clinical opiate withdrawal symptoms (COWS) change of -1.7 (-3.0 to -0.4) relative to placebo	Low	Single agent, high
Akhondzadeh et al. (2001)	65 male opioid-dependent individuals fulfilling DSM-IV criteria for opioid dependence; 30 completed the trial (15 in each group)	Clonidine 0.8 mg/day plus passiflora extract 60 drops/day	Clonidine 0.8 mg/day plus placebo 60 drops/day	Primary outcome: reduction in opioid withdrawal symptoms (physical and mental) Secondary outcome: side effects, patient retention in treatment	14-day double-blind controlled clinical trial	Non-significant improvement in Short Opiate Withdrawal Scale (SOWS) scores when used with clonidine, compared to placebo	Low	Single agent, medium
Bai (2023)	80 opioid-dependent patients with delayed withdrawal symptoms (40 per group) from Second Compulsory Isolation Drug Rehabilitation Centre of Gansu Province	Oryzanol combined with rotundin	Control group (40 patients)	Heroin withdrawal symptoms	Randomized controlled trial using random number table method	82.5% treatment efficacy in treatment group vs. 57.5% in control group	Some concerns	Single agent, high
Chen et al. (2004)	180 opioid-dependent patients	Anjunning (47 patients): 6 g dose 2x/day; and Kangfuxin (57 patients): 2 capsules per dose 2x/day	Placebo group (61 patients)	Withdrawal symptoms	Randomized controlled trial	Statistically significant decrease in withdrawal symptoms in kangfuxin and anjunning groups relative to placebo 14 days after discharge, but nonsignificant difference at 28 days	Some concerns	Formulation
Dabaghzadeh et al. (2021)	Patients in Kerman, Iran (April to June 2019)	500 mg capsules of B. vulgaris extract 2x/day for 4 weeks	Placebo (ineffective starch) capsules (500 mg, 2x/day) in 24 patients	Primary outcome: reduction in opioid withdrawal symptoms (COWS) Secondary outcome: improvement in sleep quality (PSQI), reduction in depression, anxiety, and stress (DASS-21)	Double-blind randomized controlled trial using block randomization	-6.94 [-9.29, -4.59] change in COWS compared to placebo; 75% [46%, 100%] reduction	Low	Single agent, high
Deng et al. (2007)	216 opioid-dependent patients were randomly divided into two groups, 111 cases in the treatment group and 105 cases in the control	Jiawei Haifu Yiyu Tang (Codonopsis (Dangshen) 15 g, Atractylodes (Baizhu) 10 g, Poria (Fuling) 10 g, Licorice (Gancao) 12 g, Szechuan Lovage (Chuanxiong) 15 g, Safflower (Honghua) 10 g, Chinese Thorowax Root (Chaihu) 10 g, Bupleurum (Yuanhu) 15 g, Tangerine Peel (Chenpi) 6 g, Dried Ginger (Ganjiang) 6 g). The herbs were processed into a decoction using an automatic Chinese medicine decoction	Methadone substitution and remission therapy alone for 30 days	Hamilton Depression Scale (HAMD), use of tramadol drug	Single-blind	Withdrawal symptoms lower in treatment group, lower dose of Tramadol in treatment group (p < 0.01)	Some concerns	Formulation

		machine (100 mL per pack, 2 packs per dose). The treatment regimen was 2x/day, with each dose taken for 10 days as one course of treatment, combined with methadone for 30 days						
Gu & Li (2006)	50 opioid-dependent persons	Antimorphpro capsule and methadone	None	Grade of withdrawal symptoms	No control group trial	Grade of withdrawal symptoms decreased day-by-day ($p < 0.01$)	Some concerns	Formulation
Guo et al. (2001)	216 subjects with opioid dependence	Zhengtongning (15 g bags taken 4x/day for 10 days) ($n = 107$)	Clonidine (0.1 mg tablets 4x/day for 10 days) ($n = 70$) Placebo (simulated granules of Zhengtongning granules and simulated tablets of clonidine hydrochloride) ($n = 39$)	Heroin withdrawal symptoms	A double-blind, randomized placebo-controlled trial	Withdrawal symptoms lower in zhengtongning group < clonidine < placebo	Low	Formulation
Hao & Zhao (2000)	Participants who met DSM-IV criteria for dependence; all were intravenous heroin users with average drug-use period of 40.6 months	WeiniCom group (21 cases) plus 0.9% salt solution intramuscularly (placebo)	Buprenorphine group (21 cases) plus oral placebo	Withdrawal symptoms and cravings	Double-blind study with two-week inpatient phase including relapse-prevention counseling	Lower withdrawal symptoms in WeiniCom group on days 1 and 2, but no significant difference on days 3 and 4	Some concerns	Formulation
Hao et al. (2013)	386 opioid-dependent subjects	Jitai tablets of 0.4 g each. 3 tablets 2x/day for 8 weeks, 2 tablets 2x/day for 8 to 26 weeks, and then 1 tablet 2x/day for 16 to 52 weeks ($n = 206$)	Methadone oral liquid, given flexibly according to the individual situation by doctors in doses of 15 mL to 120 mL 1x/day ($n = 180$)	Relapse rate	Cohort study with one year follow-up	Statistically lower relapse rate in methadone group compared to Jitai tablet group	Low	Formulation
Hashem-Dabaghian & Kianbakht et al. (2023)	100 patients in a residential addiction treatment center (February 2020 to June 2021)	Experimental group receiving the study extract <i>Sophora alopecuroides</i> var. <i>alopecuroides</i> (three 400 mg extract capsules 1x/day for 8 days) ($n = 50$)	Placebo 1x/day orally for eight days ($n = 50$)	Primary outcome: reduction in acute heroin withdrawal symptoms (COWS) Secondary outcome: hepatic and renal functions, complete blood count, and patient satisfaction	Randomized, placebo-controlled, triple-blind trial using block randomization with allocation ratio of 1:1	Significantly higher decrease in COWS score in the experimental group (effect size 2.64)	Low	Single agent, low
Huang et al. (2017)	90 patients with opioid dependence (30 per group)	Group 1: Oryzanolum/glutamine; Group 2: BaDuan-Jin intervention; Group 3: combined treatment	Group 1 served as control with oryzanolium/glutamine intervention	Protracted heroin withdrawal symptoms (PWS)	Randomized controlled trial	Higher satisfaction in treatment group (97% vs. 67% for control group), lower PWS scores in treatment groups	Some concerns	Formulation
Huo et al. (2007)	32 opioid-dependent individuals who met criteria	Yi'an Rejuvenation Oral Liquid 30 to 40 mL 3x/day for 4 days, then gradually reduced to 20 to 30 mL 3x/day (15 days), 10 mL 3x/day (day 6), 10 mL 1x/day (day 7) (16 patients)	Xiangteng Capsule 7 capsules 3x/day (day 1), reduced to 5 capsules 3x/day (day 3), 2-3 capsules 3x/day (14 days), then 1 capsule 3x/day (16 patients)	Mean scores on assessment scales (HAMA, HAMD, SAS, SDS), negative urine test for opioids	Randomized controlled trial	Both medicines show efficacy in controlling heroin symptoms Higher level of negative tests in Yian decoction group	Some concerns	Formulation

Jiang & Wang (2002)	120 voluntary anti-resuscitation patients who completed detoxification treatment	Buyang Huanwu Tang (BYHWT) plus Tiapride	Placebo plus Tiapride	Treatment compliance rate and drug abstinence	Randomized controlled trial	Treatment group: This group received BYHWT plus Tiapride. Out of 60 participants, 43 completed the treatment, with a compliance rate of 71.67%. After a six-month follow-up, 29 participants remained abstinent, with a compliance rate of 48.33%. Control group: This group received Tiapride alone. Out of 60 participants, only 21 completed the treatment, with a compliance rate of 35%. After the follow-up, just 9 participants remained abstinent, with a compliance rate of 15.00% (P < 0.05).	High	Formulation
Jing et al. (1999)	330 opioid-dependent individuals	Lingyi capsule (16 mg per capsule, 12x/day until day 3, taper until day 10) (n = 70)	Clonidine (0.75 mg tablets, dosage adjusted based on symptom severity) (n = 70) and placebo (n = 19)	Controlling opioid withdrawal symptoms, efficacy and safety	Randomized double-blind multicenter clinical trial	Improvement with Lingyi capsule 71%, clonidine 58%, placebo 11%	Some concerns	Formulation
Jomehpour et al. (2022)	72 patients with opioid dependence passing the detoxification period and in the abstinence phase; 71 completed the study	KrocinaTM (36 participants)	Placebo (36 participants initially, 35 completed)	Primary outcome: withdrawal symptoms, craving, depression, stress and anxiety assessed using the Clinical Opiate Withdrawal Scale (COWS), Obsessive-Compulsive Drug Use Scale (OCDUS), and the Depression Anxiety Stress Scales-21 (DASS-21)	Double-blind randomized parallel clinical trial using randomized block designs	Non-significant difference in withdrawal symptoms	Low	Single agent, medium
Kang et al. (2002)	120 opioid-dependent patients	Kangfuxin (n = 33) and Fukangpian (n = 28)	Clonidine (n = 30) and placebo (n = 29)	Withdrawal symptoms, time since last drug use, mode of abuse	Randomized double-blind dual simulation trial	Similar reduction in withdrawal symptoms between three experimental groups	Low	Formulation
Kang et al. (2008)	Patients with opioid dependence	Tai-Kang Ning (TKN) (tablet form 0.5 g each, aqueous, spray dried extract) plus placebo lofexidine tablets. TKN 2 g 3x/day (days 1-5) 1.5 g 3x/day (days 6-7) 1.5 g 2x/day (days 8-9) 1.5 g 1x/day (day 10) + placebo lofexidine 0.4 mg 2x/day (day 1) 0.6 mg 3x/day (days 2-5) 0.4 mg 3x/day (days 6-7) 0.2-0.4 mg (days 8-9) 0.2 mg 1x/day (day 10)	Placebo capsules plus lofexidine tablets (0.2 mg each), following same dosing protocol	Primary outcome: reduction in acute heroin withdrawal symptoms (craving, anxiety, diarrhea, watery eyes, insomnia, muscle pain) Secondary outcome: safety and tolerability of TKN compared to lofexidine	Double-blind, double-dummy, positive-controlled, and randomized trial	Statistically similar reduction in symptoms between the two groups	Some concerns	Formulation

Kianbakht et al. (2019)	Patients in a residential addiction treatment center (April 2018 to June 2019)	S. alopecuroides extract	Placebo	COWS scores and blood parameters	Randomized, double-blind, placebo-controlled, parallel-group trial using computer-generated random numbers	Significant reduction in COWS scores in experimental group	Low	Single agent, low
Li et al. (2002)	92 opioid-dependent adults	Shenfu Tuodu capsule (Shenfu detoxification capsule), 0.4 g per capsule, starting with 6x/day (days 1-4), reducing to 2x/day (days 5-9)	Clonidine hydrochloride tablets (0.075 mg per tablet) Placebo (blank capsules filled with medical starch)	Primary outcome: relief of withdrawal symptoms measured by Withdrawal Symptom Rating Scale Secondary outcome: anxiety levels (HAMA Anxiety Rating Scale), adverse reactions (Adverse Reaction Rating Scale), urine morphine tests	A multi-centre randomized double-blind controlled phase II clinical trial	Shenfu Tuodu as effective as clonidine for controlling heroin withdrawal symptoms	Low	Formulation
Li et al. (2005)	60 opioid-dependent persons	Methadone combined with Lingyi capsule 5-6 capsules (0.4g each) every 8 hours, tapered (by 3 capsules per day) to 6 capsules per day and maintained for 3 days	Methadone alone	Primary outcome: Withdrawal symptoms from heroin Secondary outcome: Side effects of treatment	Randomized control trial	There were significant differences between two groups in abstinence syndrome (! < 0.001).	Low	Formulation
Li et al. (2007)	76 opioid-dependent patients	Taikingnang, lingyi, an-junin, and ginseng	Drug controls, varies by study	Withdrawal symptoms	Positive drug-controlled, multicenter, randomized, double-blind, double-simulated, clinical controlled trial	Reduction in urine opioids in TCM groups	Some concerns	Formulation
Li et al. (2009)	223 opioid-dependent patients	Fu-fang-tang-feng-ke-li	Lofexidine	Withdrawal symptoms	Multicenter, randomized, double-blind, parallel controlled trial	No statistically significant difference in withdrawal symptom reduction	Low	Formulation
Liang et al. (2006)	50 opioid-dependent patients	Taikangning capsules (1.5-3.0g) 3x/day	Baseline	Hamilton anxiety scale (HAMA)	Open trial design	Significant reduction in anxiety compared to beginning of treatment	Some concerns	Formulation
Liu et al. (2001a)	66 opioid-dependent patients	Wenyang Yiqi Huoxue compound prescription (oral liquid composed of aconite, red ginseng, Corydalis, etc., containing 1.8 g of raw medicine) (32 patients) Severity level: mild (0.5-1 year abuse): 20 mL 3x/day moderate (1-2 year abuse): 30 mL 4x/day severe (>2 year abuse): 40 mL 4x/day	Buprenorphine hydrochloride (34 patients) administered daily based on withdrawal severity	Withdrawal symptoms	Randomized controlled trial	Wenyang Yiqi Huoxue compound group had lower withdrawal symptoms ($p < 0.05$)	Some concerns	Formulation

Liu et al. (2001b)	570 heroin-dependent patients	Yi'An oral solution (n=495): Dosage in days 1-10 depends on severity of dependence. For moderate dependence: 2-3 doses 3x/day for days 1-3 and 1 dose 3x/day for days 4-10. For severe dependence:, methadone 30-50mg/day is added during days 1-3. 3x/day for days 11-20, 2x/day for days 21-30, 1x/day for days 31-40	Methadone (n=75) Methadone 30-50mg/day during days 1-3.	Hamilton Anxiety Scale (HAMA)	Multi-center open label clinical trial	Reduction in withdrawal symptoms after treatment.	High	Formulation
Lu & Xia (2016)	60 patients (30 per group)	Rotundine	Control group did not take any treatment measures	Withdrawal symptoms	Randomized controlled trial	Rotundine group better improvement in withdrawal symptoms	Some concerns	Single agent, low
Mo et al. (2003)	186 opioid-dependent individuals	Qingfeng capsule group (n = 110) received Qingfeng capsules (4 capsules/time, 3x/day) for 10 days	Lofexidine group (n = 76) received lofexidine hydrochloride tablets according to a decreasing dosage regimen over 10 days	Withdrawal symptoms and anxiety scores	Multicenter open randomized controlled trial	Lower withdrawal and anxiety scores in Qingfeng capsule group than in lofexidine group	Some concerns	Formulation
Momeni et al. (2018)	602 male self-helpers in Khomein city divided into three groups of 82 people; 202 individuals with moderate withdrawal syndrome and 202 with baseline withdrawal scores	Group 1: chamomile essential oil: 3 mL, 3x/day for one month Group 2: Ajwain oil: 6 drops 3x/day, taken orally	Control group: clonidine	Withdrawal syndrome scores	Single-stage, triple-blind clinical trial with comparison groups	COWS score for Ajwain compared to clonidine -2.8 [-3.6, -2.0] -43% [-55%, -31%] COWS score for Chamomile compared to clonidine COWS Score -2.9 [-3.7, -2.1] Percent change -47% [-60%, -34%]	Some concerns	Single agent, high
Moosavyzadeh et al. (2020)	81 patients (41 intervention, 40 control)	Hab-o-shefa (500 mg/day, orally, increased to 3x/day over 3 days) for 12 weeks	Placebo (powdered sugar capsules) for 12 weeks	Primary outcome: reduction in opioid withdrawal symptoms (COWS) Secondary outcome: comparison of the effectiveness of different interventions in attenuating withdrawal symptoms	Randomized controlled trial using random number table	Opioid-positive urine tests and self-reported opioid use were significantly lower in Hab-o-shefa group ($p = 0.001$)	Low	Formulation
Moosavyzadeh et al. (2024)	81 patients (41 intervention, 40 control) 15 patients with opioid dependence (DSM-IV criteria) who completed a previous 3-month study with Deaddicta	Deaddicta capsules (1500 mg/day) for 3 months, followed by a 6-month follow-up period without treatment.	No comparison group in the follow-up study	Primary outcome: Reduction in addiction severity, depression, anxiety, and craving scores Secondary outcome: frequency of opioid use	Uncontrolled trial	Craving Belief Questionnaire (CBQ) -35.6 [-49.92, -21.28] (six months after then end of the study vs. at start)	Some concerns	Formulation

Nazari et al. (2013)	90 inpatients divided into three groups of 30 individuals each	Hab-o-shefa 3 g, 4x/day on days 1 to 7, tapered down over 14 days. Clonidine was prescribed to the second group: 0.2 to 0.4 mg/day on days 1 to 2, 0.6 mg/day on days 3 to 18 and 0.4 to 0.2 mg/day on days 20 to 21	Hab-o-shefa 3 g, 4x/day on days 1 to 7, tapered down over 14 days. Clonidine was prescribed to the second group: 0.2 to 0.4 mg/day on days 1 to 2, 0.6 mg/day on days 3 to 18 and 0.4 to 0.2 mg/day on days 20 to 21	Treatment retention, COWS, OOWS and SOWS scores, depression scales	Double-blind placebo-controlled clinical trial	Significant reduction in withdrawal symptoms. COWS scores: Hab-o-shefa<clonidine<placebo	Low	Formulation
Nematshahi et al. (2020)	43 patients who wanted to replace opium with methadone	<i>Passiflora incarnata</i> drops (10-15 drops, 3x/day) until withdrawal symptoms resolved (7-10 days)	Piroxicam (10 mg, orally, every 12 hours) until withdrawal symptoms resolved (7-10 days)	Reduction in myalgia (VAS) and anxiety (Beck test)	Single-blind clinical trial in addiction treatment centers in Sabzevar city	Results not available	Some concerns	Single agent, high
Sangi et al. (2008)	Male patients aged 21 to 44 years (mean = 33.2±0.4); 35 enrolled but only 25 completed the protocol	<i>Nigella sativa</i> 500 mg orally 3x/day	Single-blind placebo containing ferrous sulphate powder of same color, size, and shape as the drug for days 1-2	Primary outcome: reduction in opioid withdrawal symptoms (subjective and objective) Secondary outcome: physiological parameters (BP, pulse rate, etc.), appetite, weight gain, and urine analysis for opioids	Single-blind treatment with random assignment	Reduction in opioid withdrawal symptoms from 63.2±13.57 on day 3 to 14.56±8.13 on day 12 compared to placebo	Low	Single agent, high
Sayyah et al. (2017)	Male subjects, opioid-dependent	Alcoholic extract of <i>Zataria multiflora</i> Boiss	Placebo (methadone given in powder form for masking)	Clinical Institute Narcotic Assessment (CINA) scale	Double-blind study using block randomization and table of random numbers	Clinical Institute Narcotic Assessment (CINA) scale decrease 10 points [6,14] or 40% greater reduction than placebo [26%, 54%]	Low	Single agent, high
Sha et al. (2000)	100 hospitalized opioid-dependent individuals	New oral liquid (50 patients)	Methadone (50 patients)	Efficacy scores	Randomized controlled trial		Some concerns	Formulation
Shi et al. (2008)	Opioid-dependent patients; 203 analyzed (99 Jinniu, 104 lofexidine)	Jinniu capsule plus stimulant imitating lofexidine	Lofexidine plus stimulant imitating Jinniu capsule	Primary outcome: reduction in acute heroin withdrawal symptoms (OWS) Secondary outcome: anxiety reduction (HAMA), safety, side effects, and patient retention in treatment	Randomized trial with blinded group assignment during the study	Significant reduction in anxiety scores associated with withdrawal measured with Hamilton Anxiety Scale (HAMA) 91% reduction [78%, 99%]	Some concerns	Formulation
Solhi et al. (2013)	Patients in Arak city, Iran	<i>Rosmarinus Officinalis</i> (half of patients)	Control group (half of patients)	Reduction in opioid withdrawal symptoms (COWS)	Randomized clinical trial with blinded patients and physician	Decrease in COWS score relative to placebo	Some concerns	Single agent, high
Tu et al. (1999)	97 opioid-dependent patients	Jitai capsule (oral, 7.5 g/day, tapered over 10 days) (<i>n</i> = 48)	Lofexidine (1.8 mg/day, orally, tapered over 10 days) (<i>n</i> = 49)	Efficacy and adverse reactions	Randomized controlled trial with double-blind design	Both Jitai capsules and lofexidine effectively controlled opioid withdrawal symptoms	Some concerns	Formulation
Wang et al. (2004)	Meta-analysis of 2 RCTs including 403 patients	Fukangpian	Varies by study	Reduction in heroin withdrawal symptoms (total withdrawal symptom scores)	Meta-analysis of randomized controlled trials	Statistically significant declines in withdrawal symptoms on the 1 st , 2 nd , and 3 rd days, but not the 4 th day	Some concerns	Formulation

Wang et al. (2009)	Opioid-dependent patients	FuYuan Pellet group (aqueous, spray-dried extract of 10 herbs) 6.0 g 3x/day for days 1-3, 8.0 g 3x/day for days 4-6, 8.0 g 2x/day for days 7-10 with placebo lofexidine	Lofexidine: 0.4 mg 2x/day for day 1, 0.6 mg 3x/day for days 2-4, 0.4 mg 3x/day for days 5-6, 0.4 mg 2x/day for days 7-8, 0.2 mg 2x/day for days 9-10 and placebo Fu-Yuan Pellet	Reduction rate of withdrawal syndrome score using WSRS in Principle of Clinical Trial of Anti-Opiate Withdrawal Drug (Bureau of Drug Policy and Administration of the Ministry of Public Health, China)	Randomized trial; patients evaluated by blinded investigator	Reductions in withdrawal symptom score in Fu-Yuan Pellet group 95.81%, [95% CI: 92.32% to 99.32%] statistically similar to lofexidine group 95.20%, [95% CI: 92.16% to 98.23%]	Low	Formulation
Wen et al. (2000)	68 opioid-dependent individuals	Modified Shenfu decoction (MSFD), 36 patients: 20 mL 3x/day on days 1-3, gradually reducing by 10 mL per day until day 10.	Lofexidine (Lof) group (32 patients): 0.4-0.6 mg three times daily on days 1-3, gradually reducing by 0.2 mg per day until day 10	Reduction in opioid withdrawal symptoms (total withdrawal symptom scores)	Open randomized controlled trial	MSFD group had withdrawal symptom reduction of 36%, similar to lofexidine group (36%)	Some concerns	Formulation
Wu et al. (2004)	70 patients	Junfukang observation group (40 patients)	Naltrexone control group (30 patients)	Withdrawal symptoms, relapse rates	Randomized controlled trial	Lower relapse rates in Junfukang group (9/40) vs. control group (12/30)	Some concerns	Formulation
Xu et al. (2012)	60 opioid-dependent patients	Sijunzi Tang [Dangshen 15 g, Poria 9 g, Gorgon Fruit 15 g, and Roasted Licorice 9 g], 1x/day and Jiawei Sijunzi Tang [Codonopsis 15 g, Earth-Fried Rhizoma Atractylodis Macrocephalae 9 g, Poria 9 g, Gorgon Fruit 15 g, and Radix et Rhizoma Glycyrrhizae Praeparata 9 g] with methadone: 30-60 mg, tapered by ~20% daily for 7 days	Placebo with methadone: 30-60 mg, tapered by ~20% daily for 7 days (30 patients)	Hamilton Anxiety Scale	Randomized controlled trial	Similar decrease in HAMS score in experimental group (20.21 pts) as control group (20 pts)	Some concerns	Formulation
Yang et al. (1997)	435 opioid-dependent patients	Duyinxiao Capsule (contains gardenia, magnolia, rhubarb, yu-anhu, and others) each capsule contained 300 mg of the extract	No control group	Withdrawal symptoms, Hamilton Anxiety score	Clinical trial-no control	Reduction in symptom scores	Some concerns	Formulation
Yang et al. (1999)	483 opioid-dependent patients	Abstinence capsule (300 mg of extracts from 8 traditional Chinese drugs such as Zhi Zi (Fructus Gardeniae), Mu Xiang (Radix Aucklandiae), Da Huang (Radix et Rhizoma Rhei), Yuan Hu (Rhizoma Corydalis), and others. Starting at 8-10x/day (based on addiction severity) and tapering down to 0 on the 10th day (<i>n</i> = 435)	Control group, lofexidine capsules 0.2 mg. Starting at 8-10x/day (based on addiction severity) and tapering down to 0 on the 10th day (<i>n</i> = 48)	Withdrawal symptoms, treatment completion rate	Randomized controlled trial	Nonsignificant difference between groups for decrease in withdrawal symptoms 93% completion in abstinence capsule group, 79% completion in lofexidine group	Some concerns	Formulation

Yu & Guo (2013)	Only 4 opioid-dependent patients	Blood-purification device	Control group	Heroin concentration in blood	Test of a blood-purification device with randomization by order of admission	Decreased blood heroin concentration between 11.7% and 97.1%, with the higher concentration for highly elevated heroin blood concentration	High	Experimental device, very low
Zhang et al. (2022)	1,039 opioid-dependent patients with PWS across 9 RCTs	Anjunning Wan Jitai tablet	Varies by study, conventional treatment	Withdrawal symptoms, PWS score, HCQ score, PSQI score, HAMA score	Meta-analysis of randomized controlled trials	No significant difference between Anjunning Wan or Jitai tablets and conventional treatment in PWS score	Some concerns	Formulation
Zhao et al. (2019)	16 opioid-dependent individuals with delayed withdrawal from a drug rehabilitation center	Psychological and counseling techniques with Sijunzi Tang, which consisted of 8 g of licorice, 8 g of poria, 14 g of Codonopsis, 14 g of gorgon fruit, 8 g of Rhizoma Atractylodis	Sijunzi Tang, which consisted of 8 g of licorice, 8 g of poria, 14 g of Codonopsis, 14 g of gorgon fruit, 8 g of Rhizoma Atractylodis	Treatment efficacy	Randomized controlled trial	94% treatment efficacy in experimental group vs. 77% in control group	Some concerns	Formulation
Zhao et al. (2021)	18 opioid-dependent patients with delayed withdrawal (9 per group, 6 males and 3 females, ages 21 to 46 years)	Study group (9 patients) half-summer and thick-summer soup with acupuncture	Control group (9 patients), acupuncture only	Withdrawal symptoms: Treatment Emergent Symptom Scale (TESS)	Randomized controlled trial using random selection method	Lower TESS scores in half-summer and thick-summer soup group	Some concerns	Formulation
Zhao et al. (2022)	16 patients with concomitant delayed withdrawal after heroin detoxification	Yiyin Ning Shen Tang plus acupuncture	Acupuncture alone	Withdrawal symptoms	Randomized controlled trial using random number table method	Better reduction in symptoms in the Yiyin Ning Shen Tang group	Some concerns	Formulation
Zhou et al. (2004a)	99 opioid-dependent individuals	Yi'an Huisheng (<i>n</i> = 79) 10 mL vials given 1x/day based on withdrawal severity in days 1-3 and tapered down until day 10	Clonidine (<i>n</i> = 20) 0.075 mg tablets given based on withdrawal severity in days 1-3 and tapered down until day 10	Heroin withdrawal symptoms, urine morphine tests	Randomized controlled trial	Lower withdrawal symptom intensity in Yi'an Huisheng group	Some concerns	Formulation
Zhou et al. (2004b)	123 opioid-dependent patients	Tuoduling capsule (<i>n</i> = 62) (9 g per dose), 4x/day for 3 days	Lofexidine (<i>n</i> = 61), tapered over 10 days	Withdrawal symptoms score	Randomized controlled double-blind trial	Higher reduction rate in withdrawal symptoms in Tuoduling capsule group	Low	Formulation

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