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Supplementary file 1: Search Strategy

Supplementary file 1.1 Search Strategy for acupuncture RCTs

- **Selection of English databases via HKBU Ovid**

Database: EBM Reviews - Cochrane Database of Systematic Reviews <2005 to February 8, 2023>, EBM Reviews - ACP Journal Club <1991 to January 2023>, EBM Reviews - Database of Abstracts of Reviews of Effects <1st Quarter 2016>, EBM Reviews - Cochrane Clinical Answers <January 2023>, EBM Reviews - Cochrane Central Register of Controlled Trials <January 2023>, EBM Reviews - Cochrane Methodology Register <3rd Quarter 2012>, EBM Reviews - Health Technology Assessment <4th Quarter 2016>, EBM Reviews - NHS Economic Evaluation Database <1st Quarter 2016>, AMED (Allied and Complementary Medicine) <1985 to January 2023>, Embase <1974 to 2023 February 13>, Ovid MEDLINE(R) <1946 to February 13, 2023>

Search Strategy:

1 (randomized controlled trial or controlled clinical trial or randomised controlled trials or random allocation or clinical trials or clinical trial or single blind or double blind or single blind procedure or blind or placebo).mp. [mp=ti, ot, ab, tx, kw, ct, sh, fx, hw, tn, dm, mf, dv, kf, dq, bt, nm, ox, px, rx, an, ui, sy]

2 (acupuncture or dry needling or needle or electroacupuncture or electro-acupuncture or auriculoacupuncture or auriculo-acupuncture or acupotomy or acupotomies or Transcutaneous Electric Nerve Stimulation or percutaneous electrical nerve stimulation).mp. [mp=ti, ot, ab, tx, kw, ct, sh, fx, hw, tn, dm, mf, dv, kf, dq, bt, nm, ox, px, rx, an, ui, sy]

3 1 and 2

4 limit 3 to english language [Limit not valid in CDSR,ACP Journal Club,DARE,CCA,CLCMR; records were retained]

5 limit 4 to full text [Limit not valid in CDSR,ACP Journal Club,DARE,CCA,CLCMR,CLHTA, CLEED; records were eliminated]

6 limit 5 to human [Limit not valid in CDSR,ACP Journal Club,DARE,CCA,CCTR,CLCMR, AMED; records were retained]

7 limit 6 to yr="2022" [Limit not valid in DARE; records were retained]

8 remove duplicates from 7

Limit by: English, Human, full text, date (2022-2022)

Deduping preferences: No filed preference

- **Selection of Chinese databases via HKBU library**

CNKI:

(KY=('临床试验'+'随机'+'对照'+'随机试验'+'随机对照试验'+'临床研究'+'单盲'+'双盲'+'盲'+'安慰剂') and KY=('针刺'+'针灸'+'针刺疗法'+'电针'+'刺'+'舌针'+'眼针'+'头针'+'腹针'+'耳针'))

Limit by: Date (01/01/2022-31/12/2022)

VIP:

(K=临床试验+K=随机+K=对照+K=随机试验+K=随机对照试验+K=临床研究+K=单盲+K=双盲+K=盲+K=安慰剂) and (K=针刺+K=针灸+K=针刺疗法+K=电针+K=刺+K=舌针+K=眼针+K=头针+K=腹针+K=耳针)

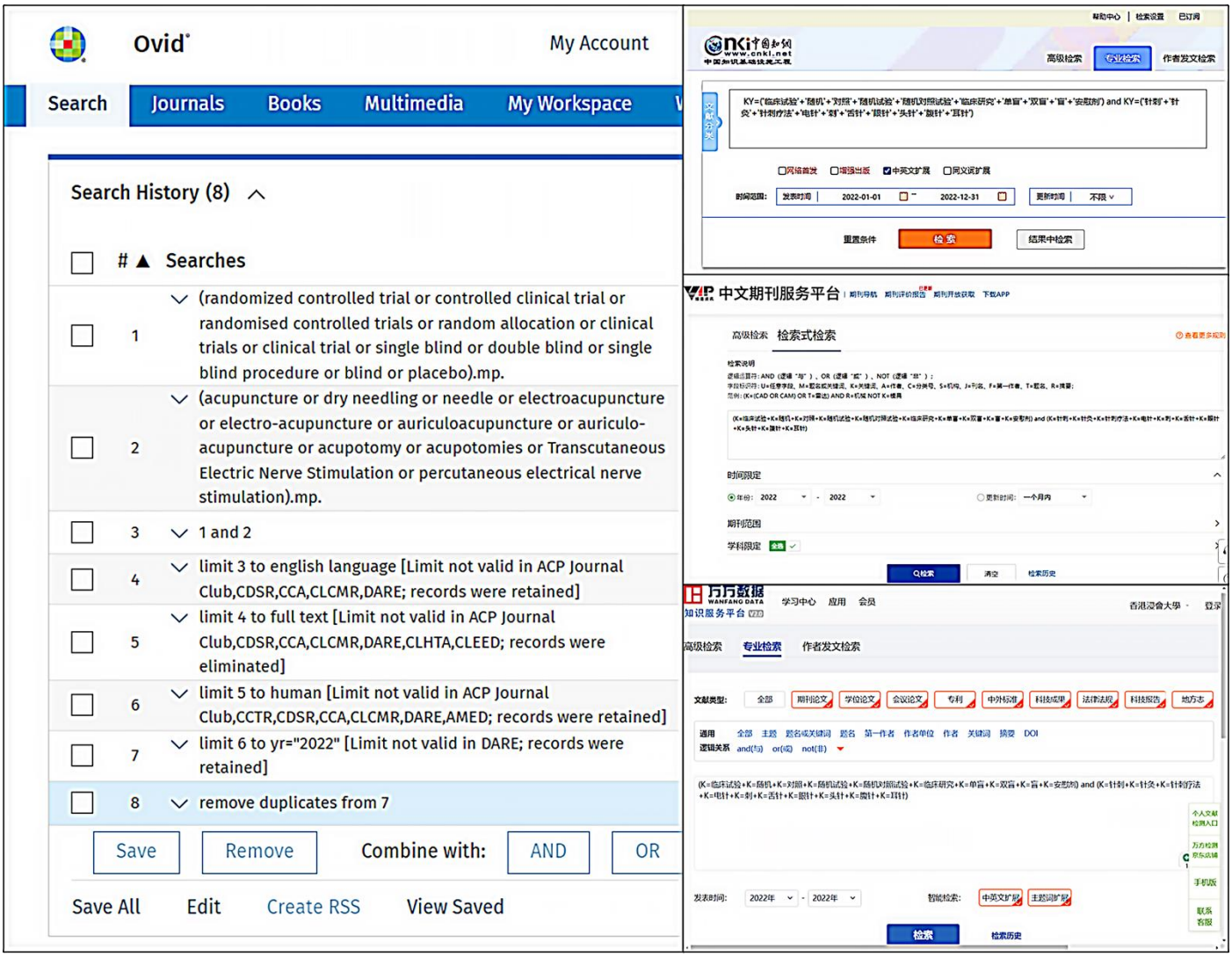
Limit by: Date (2022-2022)

Wanfang:

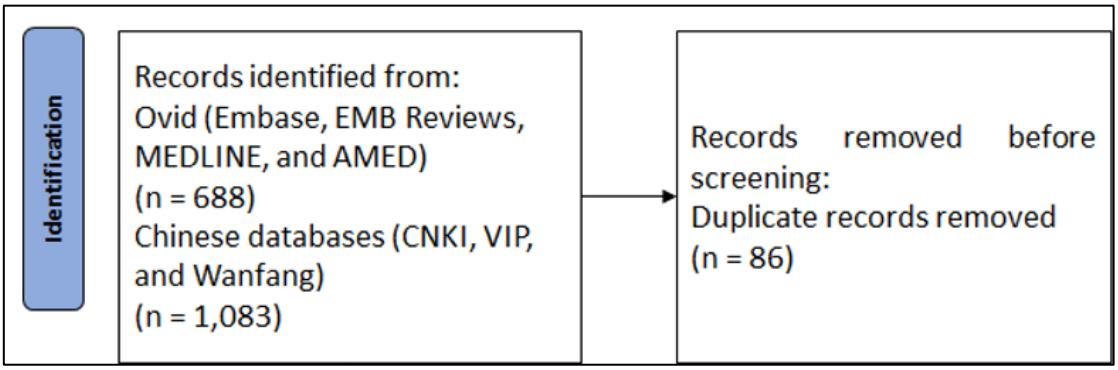
关键词:(临床试验 or 随机 or 对照 or 随机试验 or 随机对照试验 or 临床研究 or 单盲 or 双盲 or 盲 or 安慰剂) and 关键词:(针刺 or 针灸 or 针刺疗法 or 电针 or 刺 or 舌针 or 眼针 or 头针 or 腹针 or 耳针)

Limit by: Date (2022-2022)

Screenshots for the aforementioned search are provided for reference:



Numbers during the phase of "Identification" in the flow chart:



Supplementary file 1.2 Search Strategy for moxibustion RCTs

- **Selection of English databases via HKBU Ovid**

Database: EBM Reviews - Cochrane Database of Systematic Reviews <2005 to February 8, 2023>, EBM Reviews - ACP Journal Club <1991 to January 2023>, EBM Reviews - Database of Abstracts of Reviews of Effects <1st Quarter 2016>, EBM Reviews - Cochrane Clinical Answers <January 2023>, EBM Reviews - Cochrane Central Register of Controlled Trials <January 2023>, EBM Reviews - Cochrane Methodology Register <3rd Quarter 2012>, EBM Reviews - Health Technology Assessment <4th Quarter 2016>, EBM Reviews - NHS Economic Evaluation Database <1st Quarter 2016>, AMED (Allied and Complementary Medicine) <1985 to January 2023>, Embase <1974 to 2023 February 13>, Ovid MEDLINE(R) <1946 to February 13, 2023>

Search Strategy:

1 (randomized controlled trial or controlled clinical trial or randomised controlled trials or random allocation or clinical trials or clinical trial or single blind or double blind or single blind procedure or blind or placebo).mp. [mp=ti, ot, ab, tx, kw, ct, sh, fx, hw, tn, dm, mf, dv, kf, dq, bt, nm, ox, px, rx, an, ui, sy, ux, mx]

2 (moxibustion or moxabustion or moxibustion therapy or moxa).mp. [mp=ti, ot, ab, tx, kw, ct, sh, fx, hw, tn, dm, mf, dv, kf, dq, bt, nm, ox, px, rx, an, ui, sy, ux, mx]

3 1 and 2

4 limit 3 to english language [Limit not valid in CDSR,ACP Journal Club,DARE,CCA,CLCMR; records were retained]

5 limit 4 to full text [Limit not valid in CDSR,ACP Journal Club,DARE,CCA,CLCMR,CLHTA,CLEED; records were eliminated]

6 limit 5 to human [Limit not valid in CDSR,ACP Journal Club,DARE,CCA,CCTR,CLCMR,AMED; records were retained]

7 limit 6 to yr="2022" [Limit not valid in DARE; records were retained]

8 remove duplicates from 7

Limit by: English, Human, full text, date (2022-2022)

Deduping preferences: No filed preference

➢ **Selection of Chinese databases via HKBU library**

CNKI:

(KY=('临床试验'+'随机'+'对照'+'随机试验'+'随机对照试验'+'临床研究'+'单盲'+'双盲'+'盲'+'安慰剂'+'临床')) and (KY=('艾灸'+'灸'+'热敏灸'+'麦粒灸'+'火龙灸'+'长蛇灸'+'艾炷灸'+'艾条灸'+'灸法'+'灸疗'+'隔姜灸')) Limit by: Date (01/01/2022-31/12/2022)

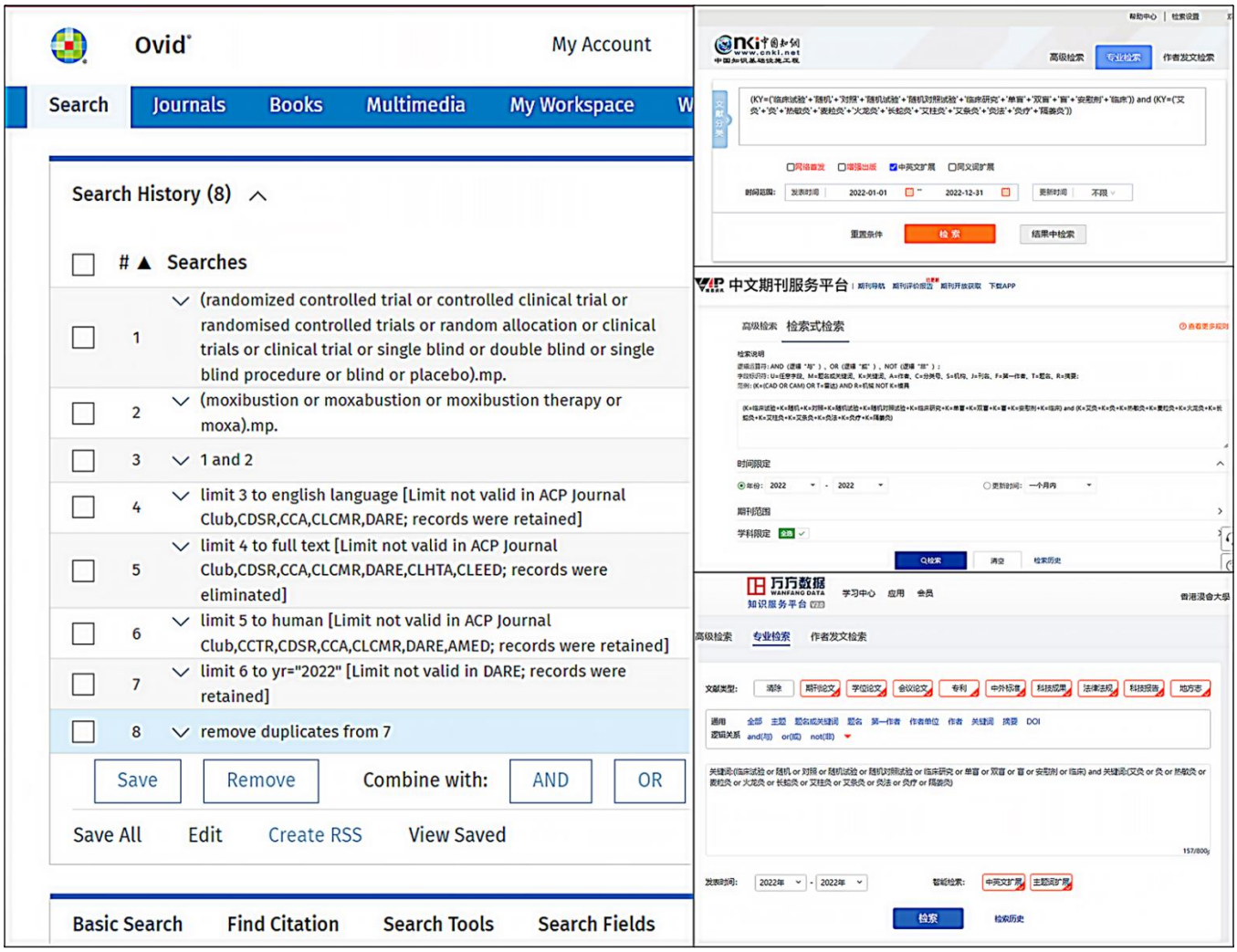
VIP:

(K=临床试验+K=随机+K=对照+K=随机试验+K=随机对照试验+K=临床研究+K=单盲+K=双盲+K=盲+K=安慰剂+K=临床) and (K=艾灸+K=灸+K=热敏灸+K=麦粒灸+K=火龙灸+K=长蛇灸+K=艾炷灸+K=艾条灸+K=灸法+K=灸疗+K=隔姜灸) Limit by: Date (2022-2022)

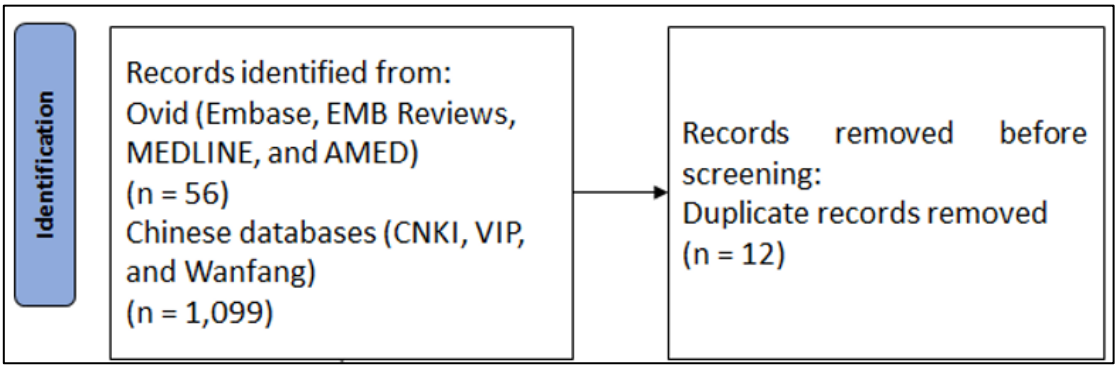
Wanfang:

关键词:(临床试验 or 随机 or 对照 or 随机试验 or 随机对照试验 or 临床研究 or 单盲 or 双盲 or 盲 or 安慰剂 or 临床) and 关键词:(艾灸 or 灸 or 热敏灸 or 麦粒灸 or 火龙灸 or 长蛇灸 or 艾炷灸 or 艾条灸 or 灸法 or 灸疗 or 隔姜灸) Limit by: Date (2022-2022)

Screenshots for the aforementioned search are provided for reference:



Numbers during the phase of "Identification" in the flow chart:



Supplementary file 1.3 Search Strategy for Tuina/massage RCTs

- **Selection of English databases via HKBU Ovid**

Database: EBM Reviews - Cochrane Database of Systematic Reviews <2005 to February 8, 2023>, EBM Reviews - ACP Journal Club <1991 to January 2023>, EBM Reviews - Database of Abstracts of Reviews of Effects <1st Quarter 2016>, EBM Reviews - Cochrane Clinical Answers <January 2023>, EBM Reviews - Cochrane Central Register of Controlled Trials <January 2023>, EBM Reviews - Cochrane Methodology Register <3rd Quarter 2012>, EBM Reviews - Health Technology Assessment <4th Quarter 2016>, EBM Reviews - NHS Economic Evaluation Database <1st Quarter 2016>, AMED (Allied and Complementary Medicine) <1985 to January 2023>, Embase <1974 to 2023 February 13>, Ovid MEDLINE(R) <1946 to February 13, 2023>

Search Strategy:

1 (((Tui na or tuina) adj3 (Chinese massage or An mo)) or traditional Chinese medicine or massage).mp. [mp=ti, ot, ab, tx, kw, ct, sh, fx, hw, tn, dm, mf, dv, kf, dq, bt, nm, ox, px, rx, an, ui, sy, ux, mx]

2 (((manual or manipulative or manual therap*) adj3 (soft tissue therap* or soft tissue massage)) or massage).mp. [mp=ti, ot, ab, tx, kw, ct, sh, fx, hw, tn, dm, mf, dv, kf, dq, bt, nm, ox, px, rx, an, ui, sy, ux, mx]

3 (((acupressure or acupunt) adj3 (meridian or points)) or acupunts massage or points massage or acumassage or pressure massage).mp. [mp=ti, ot, ab, tx, kw, ct, sh, fx, hw, tn, dm, mf, dv, kf, dq, bt, nm, ox, px, rx, an, ui, sy, ux, mx]

4 ((oil massage or herbal oil massage or sesame oil massage or mustard oil massage or mineral oil massage or sunflower oil massage or coconut oil massage or safflower oil massage or aromatherapy massage) adj3 (oils or lavender essential oil or aroma)).mp. [mp=ti, ot, ab, tx, kw, ct, sh, fx, hw, tn, dm, mf, dv, kf, dq, bt, nm, ox, px, rx, an, ui, sy, ux, mx]

5 (((infant massage or paediatric massage or baby massage) adj3 (infant or child or baby or paediatrics)) or chiropractics or kneading or pinching massage).mp. [mp=ti, ot, ab, tx, kw, ct, sh, fx, hw, tn, dm, mf, dv, kf, dq, bt, nm, ox, px, rx, an, ui, sy, ux, mx]

6 (((reflexotherapy or reflexion) adj3 (reflexology massage or reflex* therapy)) or therapeutic touch or physical

touch or physical contact).mp. [mp=ti, ot, ab, tx, kw, ct, sh, fx, hw, tn, dm, mf, dv, kf, dq, bt, nm, ox, px, rx, an, ui, sy, ux, mx]

7 (((foot massage or hand massage or head massage or abdominal massage or facial massage or breast massage or back massage) adj3 (skin massage or body massage or muscle massage)) or stroke massage or perineal massage or uterine massage or oral massage or ocular massage).mp. [mp=ti, ot, ab, tx, kw, ct, sh, fx, hw, tn, dm, mf, dv, kf, dq, bt, nm, ox, px, rx, an, ui, sy, ux, mx]

8 (((Swedish massage or swedish) adj3 (Thai Massage or traditional Thai massage)) or Malay massage or ice massage or hot stone massage or cupping massage or Gua Sha massage or dry massage).mp. [mp=ti, ot, ab, tx, kw, ct, sh, fx, hw, tn, dm, mf, dv, kf, dq, bt, nm, ox, px, rx, an, ui, sy, ux, mx]

9 (((compression or pressure) adj3 (swing or finger-pushing or kneading or rolling)) or friction or rubbing or pushing or gliding or wiping).mp. [mp=ti, ot, ab, tx, kw, ct, sh, fx, hw, tn, dm, mf, dv, kf, dq, bt, nm, ox, px, rx, an, ui, sy, ux, mx]

10 (((joint manipulation or rotation or pulling) adj3 (pinching or spine pinching)) or vibration or percussion or grasping).mp. [mp=ti, ot, ab, tx, kw, ct, sh, fx, hw, tn, dm, mf, dv, kf, dq, bt, nm, ox, px, rx, an, ui, sy, ux, mx]

11 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10

12 (randomized controlled trial or controlled clinical trial or randomised controlled trials or random allocation or clinical trials or clinical trial or single blind or double blind or single blind procedure or blind or placebo).mp. [mp=ti, ot, ab, tx, kw, ct, sh, fx, hw, tn, dm, mf, dv, kf, dq, bt, nm, ox, px, rx, an, ui, sy, ux, mx]

13 11 and 12

14 limit 13 to english language [Limit not valid in CDSR,ACP Journal Club,DARE,CCA,CLCMR; records were retained]

15 limit 14 to full text [Limit not valid in CDSR,ACP Journal Club,DARE,CCA,CLCMR,CLHTA, CLEED; records were eliminated]

16 limit 15 to human [Limit not valid in CDSR,ACP Journal Club,DARE,CCA,CCTR,CLCMR, AMED; records were retained]

17 limit 16 to yr="2022" [Limit not valid in DARE; records were retained]

18 remove duplicates from 17

Limit by: English, Human, full text, date (2022-2022)

Deduping preferences: No filed preference

- **Selection of Chinese databases via HKBU library**

CNKI:

(KY=('临床试验'+'随机'+'对照'+'随机试验'+'随机对照试验'+'临床研究'+'临床'+'单盲'+'双盲'+'盲'+'安慰剂')) and (KY=('推拿'+'按摩'+'中医推拿'+'按揉'+'捏脊'+'摩腹'+'穴位按摩'+'穴位按压'+'经穴推拿'+'穴位'+'指压'+'按压'+'掐压'+'揉压')) Limit by: Date (01/01/2022-31/12/2022)

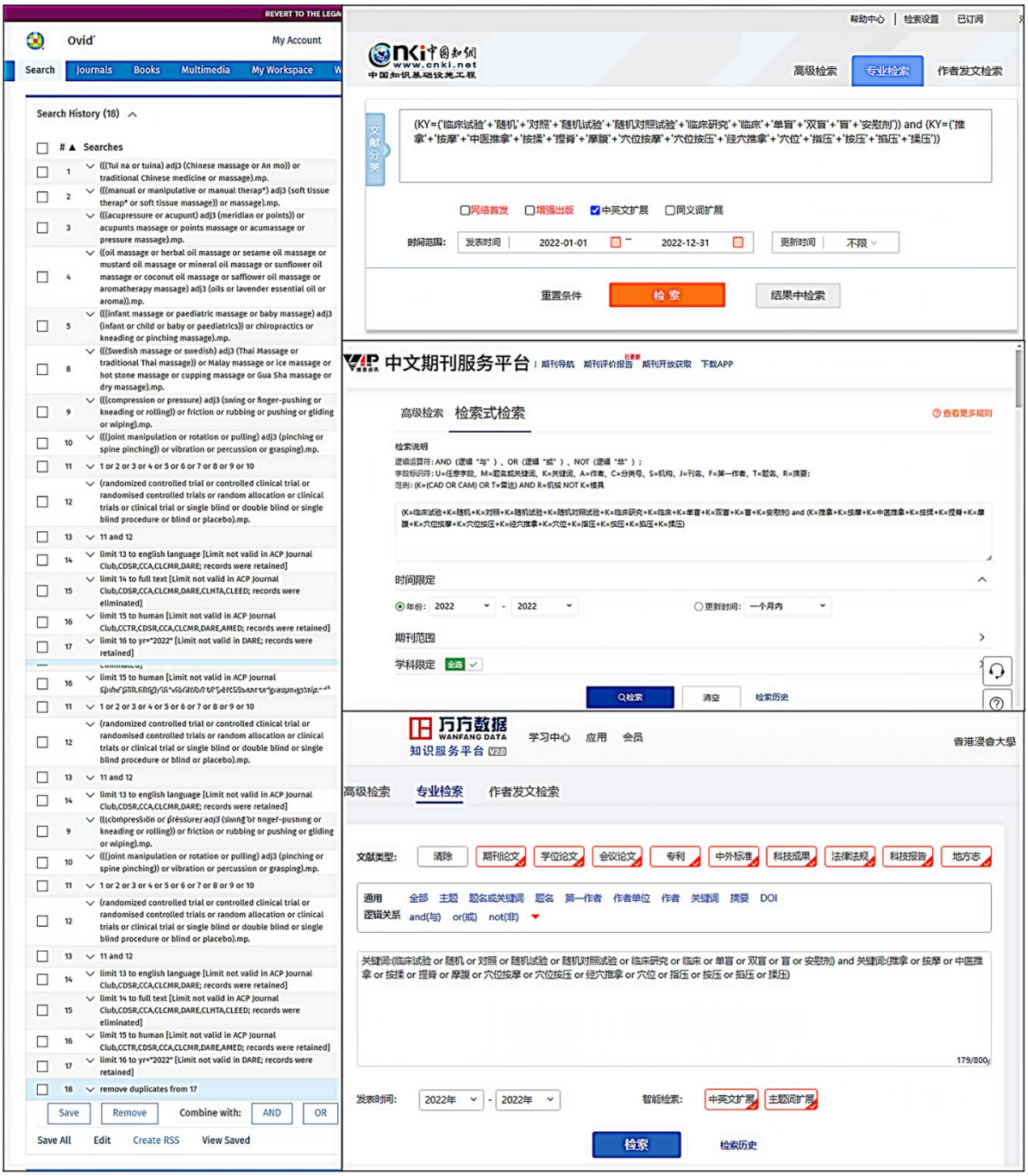
VIP:

(K=临床试验+K=随机+K=对照+K=随机试验+K=随机对照试验+K=临床研究+K=临床+K=单盲+K=双盲+K=盲+K=安慰剂) and (K=推拿+K=按摩+K=中医推拿+K=按揉+K=捏脊+K=摩腹+K=穴位按摩+K=穴位按压+K=经穴推拿+K=穴位+K=指压+K=按压+K=掐压+K=揉压) Limit by: Date (2022-2022)

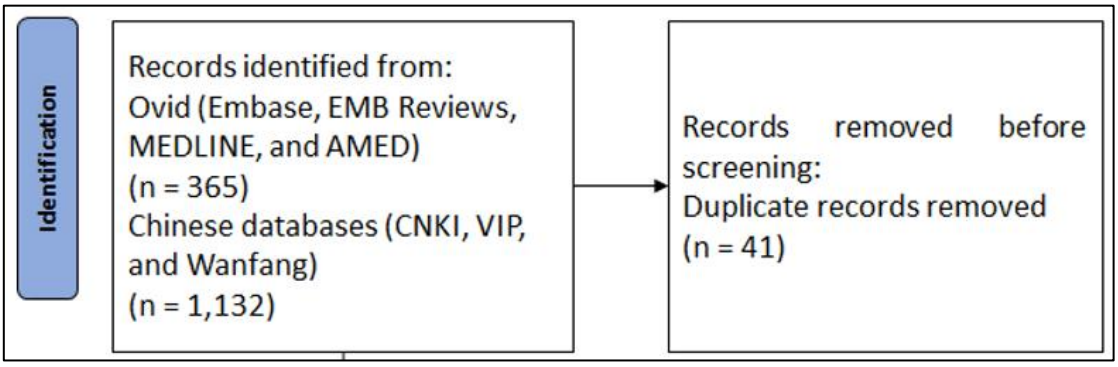
Wanfang:

关键词:(临床试验 or 随机 or 对照 or 随机试验 or 随机对照试验 or 临床研究 or 临床 or 单盲 or 双盲 or 盲 or 安慰剂) and 关键词:(推拿 or 按摩 or 中医推拿 or 按揉 or 捏脊 or 摩腹 or 穴位按摩 or 穴位按压 or 经穴推拿 or 穴位 or 指压 or 按压 or 掐压 or 揉压) Limit by: Date (2022-2022)

Screenshots for the aforementioned search are provided for reference:



Numbers during the phase of "Identification" in the flow chart:



Supplementary file 1.4 Search Strategy for cupping RCTs

- **Selection of English databases via HKBU Ovid**

Database: EBM Reviews - Cochrane Database of Systematic Reviews <2005 to February 8, 2023>, EBM Reviews - ACP Journal Club <1991 to January 2023>, EBM Reviews - Database of Abstracts of Reviews of Effects <1st Quarter 2016>, EBM Reviews - Cochrane Clinical Answers <January 2023>, EBM Reviews - Cochrane Central Register of Controlled Trials <January 2023>, EBM Reviews - Cochrane Methodology Register <3rd Quarter 2012>, EBM Reviews - Health Technology Assessment <4th Quarter 2016>, EBM Reviews - NHS Economic Evaluation Database <1st Quarter 2016>, AMED (Allied and Complementary Medicine) <1985 to January 2023>, Embase <1974 to 2023 February 13>, Ovid MEDLINE(R) <1946 to February 13, 2023>

Search Strategy:

1 (randomized controlled trial or controlled clinical trial or randomised controlled trials or random allocation or clinical trials or clinical trial or single blind or double blind or single blind procedure or blind or placebo).mp. [mp=ti, ot, ab, tx, kw, ct, sh, fx, hw, tn, dm, mf, dv, kf, dq, bt, nm, ox, px, rx, an, ui, sy, ux, mx]

2 (cupping therapy or cupping or cups or bleeding cupping or wet cupping or dry cupping or flash cupping or herbal cupping or moving cupping or needling cupping or retained cupping).mp. [mp=ti, ot, ab, tx, kw, ct, sh, fx, hw, tn, dm, mf, dv, kf, dq, bt, nm, ox, px, rx, an, ui, sy, ux, mx]

3 1 and 2

4 limit 3 to english language [Limit not valid in CDSR,ACP Journal Club,DARE,CCA,CLCMR; records were retained]

5 limit 4 to full text [Limit not valid in CDSR,ACP Journal Club,DARE,CCA,CLCMR,CLHTA,CLEED; records were eliminated]

6 limit 5 to human [Limit not valid in CDSR,ACP Journal Club,DARE,CCA,CCTR,CLCMR,AMED; records were retained]

7 limit 6 to yr="2022" [Limit not valid in DARE; records were retained]

8 remove duplicates from 7

Limit by: English, Human, full text, date (2022-2022)

Deduping preferences: No filed preference

- **Selection of Chinese databases via HKBU library**

CNKI:

(SU=('临床试验'+'随机'+'对照'+'随机试验'+'随机对照试验'+'临床研究'+'临床'+'单盲'+'双盲'+'盲'+'安慰剂')) and (SU=('闪罐'+'闪拔罐'+'火罐'+'火龙罐'+'拔罐'+'推罐'+'走罐'+'拔罐疗法'+'出血拔罐'+'湿拔罐'+'草药拔罐'+'移动拔罐'+'针罐')) Limit by: Date (01/01/2022-31/12/2022)

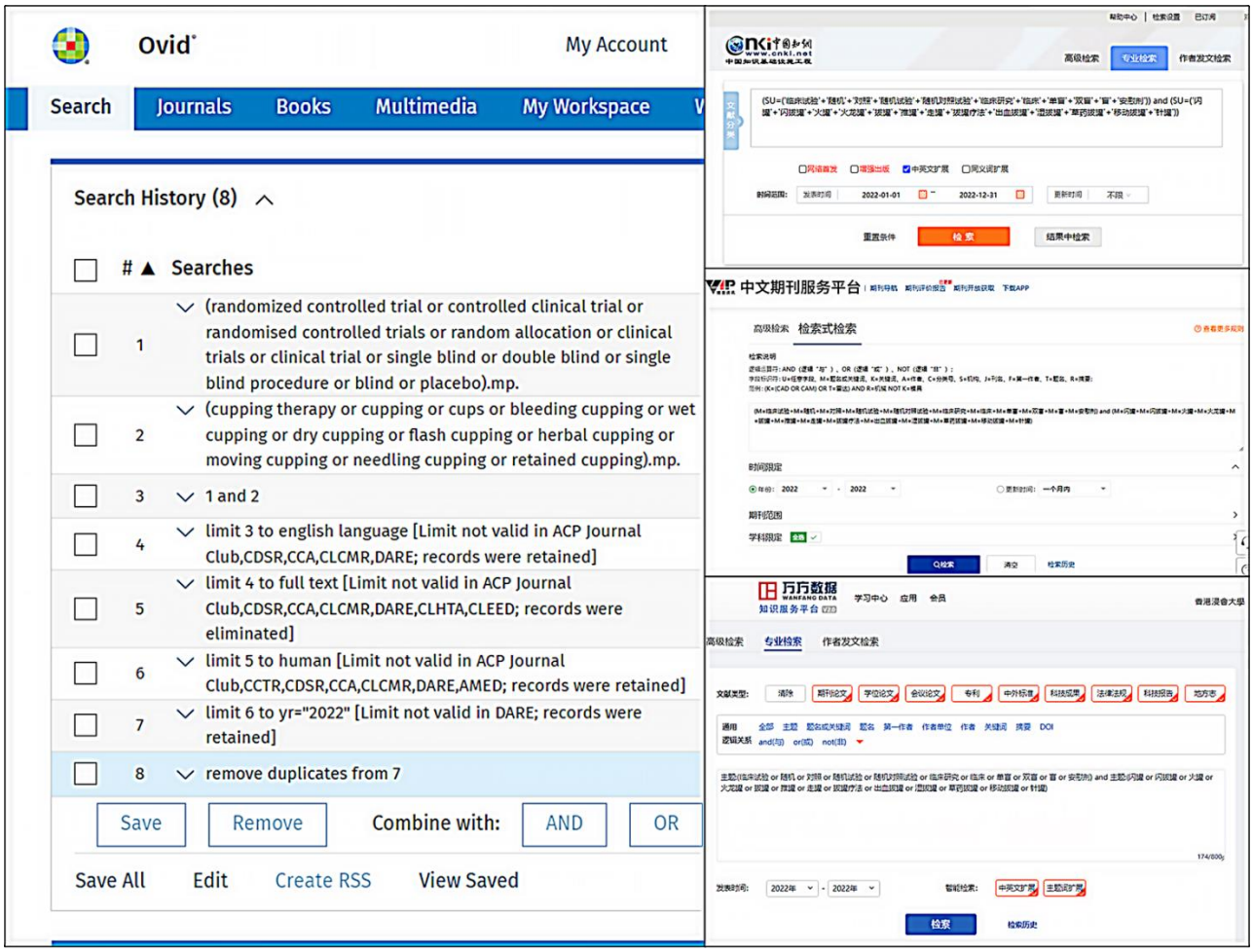
VIP:

(M=临床试验+M=随机+M=对照+M=随机试验+M=随机对照试验+M=临床研究+M=临床+M=单盲+M=双盲+M=盲+M=安慰剂) and (M=闪罐+M=闪拔罐+M=火罐+M=火龙罐+M=拔罐+M=推罐+M=走罐+M=拔罐疗法+M=出血拔罐+M=湿拔罐+M=草药拔罐+M=移动拔罐+M=针罐) Limit by: Date (2022-2022)

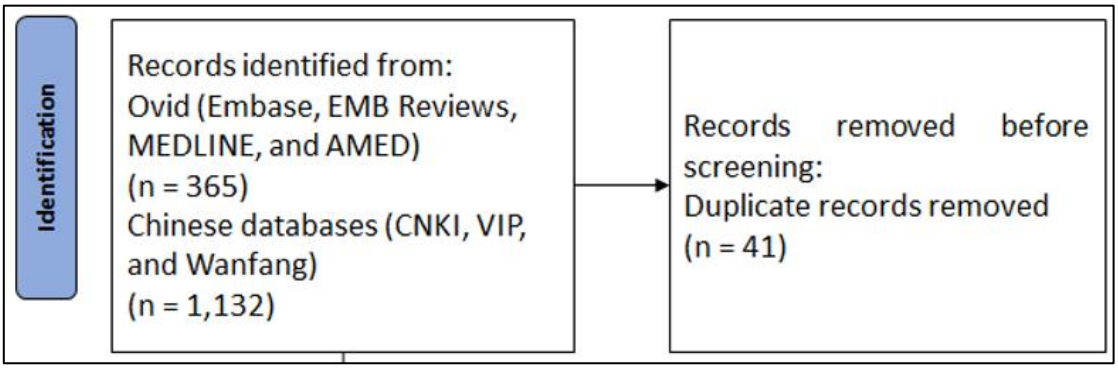
Wanfang:

主题:(临床试验 or 随机 or 对照 or 随机试验 or 随机对照试验 or 临床研究 or 临床 or 单盲 or 双盲 or 盲 or 安慰剂) and 主题:(闪罐 or 闪拔罐 or 火罐 or 火龙罐 or 拔罐 or 推罐 or 走罐 or 拔罐疗法 or 出血拔罐 or 湿拔罐 or 草药拔罐 or 移动拔罐 or 针罐) Limit by: Date (2022-2022)

Screenshots for the aforementioned search are provided for reference:



Numbers during the phase of "Identification" in the flow chart:



Supplementary file 2: Data extraction form and rules

No.	Items	Rules for Data extraction
Part 1	**Information of included articles, journals, and corresponding authors**	
1	No.	The serial numbers were the order of the included RCTs and references, which were the same as in supplementary file 5.
2	Article ID	Extracted Record Number via EndNote 20. The exported article's information included the record number, author, title, and year of publication. Select the record number as the article ID.
3	First author's name	The first author listed was extracted using EndNote 20. Co-author(s) is not listed, instead of "et al.".
4	Study title	Extracted via EndNote 20.
5	Language	Classified as English or Chinese.
6	Type of NPTCMs	Classified as four categories of Acupuncture, Moxibustion, Tuina/massage, and Cupping.
7	Journal name	Extracted via EndNote 20.
8	Journal type	1. For English journals, the information come from the Clarivate official website of Journal Citation Reports (https://jcr.clarivate.com/jcr/home). The journals included in our study are categorized as Science Citation Index Expanded (SCIE), Social Sciences Citation Index (SSCI), or Emerging Sources Citation Index (ESCI). 2. For Chinese journals, the information come from the official website of Chinese National Knowledge Infrastructure (CNKI)

		(https://chn.oversea.cnki.net/KNavi/Journal.html?uniplatform=OVERSEA&language=chs). The journals included in our study are classified as Chinese core journal (marked as "Core Journals" on CNKI), or Chinese non-core journal (not marked as "Core Journals" on CNKI). 3. If the journal type included two or more, all types of information need to be recorded. 4. If the journal type cannot be searched through JCR or CNKI, it was recorded as "None".
9	Impact factor (IF) of journal	1. According to the latest data retrieved from the official websites of JCR (for English papers) and CNKI (for Chinese papers) in Hong Kong, China in June 2023. 2. There are two types of impact factors (IFs) available for Chinese journals on CNKI: combined IF and comprehensive IF. In this study, we focused on the extraction of combined IF as it encompasses citations from master's and doctoral dissertations, conference papers, and journals. On the other hand, the comprehensive IF solely considers citations from journals. 3. If the IFs cannot be searched through JCR or CNKI, it was recorded as "None".
10	Year of impact factor	1. According to the latest data retrieved from the official websites of JCR (for English papers) and CNKI (for Chinese papers) in Hong Kong, China in June 2023. 2. If the journal's impact factor and impact factor year cannot be searched through JCR or CNKI, it was recorded as "None".
11	Information of corresponding author(s)	Record the name(s) of corresponding author(s). If no corresponding author was specified, record the first author's name from the list. In case multiple corresponding authors were listed in one article, record their names individually.
12	Country of the corresponding author's affiliation	Document the countries of affiliation for corresponding author(s). The total count of countries may exceed the number of included studies if multiple corresponding authors from different countries were listed in certain articles.
Part 2	**Participants**	
13	Name of disease/symptom	Record the name of disease/symptom in the study. Disease names were extracted from the title, abstract, or full text. ✧ e.g., Polycystic Ovarian Syndrome.
14	Type of disease/symptom	Diseases/symptoms reported in the study are classified according to the International Classification of Diseases 11th Revision (ICD-11) (https://icd.who.int/browse11/l-m/en), and record the number of the reported disease in ICD-11.

		The total number of diseases/symptoms will exceed the number of included studies because some diseases/symptoms may fall into more than one category. ✧ e.g., "11" (The disease coded as "11" in the ICD-11 is categorized under circulatory system disorders).
15	Diagnosis of Chinese medicine-related patterns	The classification consists of two categories: 0, indicating the absence of a diagnosis for CM-related patterns, and 1, denoting the presence of a diagnosis for CM-related patterns.
16	Type of CM patterns	Record the specific names of CM patterns reported in studies. If multiple types of patterns were mentioned in a single study, record them individually. ✧ e.g., Wind-cold attacking the collaterals, wind-heat attacking the collaterals, wind-phlegm blocking the collaterals. The English translation of pattern was based on *Clinic terminology of traditional Chinese medical diagnosis and treatment—Part 2: syndromes/patterns (GB/T 16751.2—2021)*, according to the National Administration of Traditional Chinese Medicine and the National Health Commission. (https://www.gov.cn/zhengce/zhengceku/2020-11/24/content_5563703.htm)
17	Type of participants	Classified into three categories according to the year of age: <18 years old, >=18 years old, or any age (including both the above).
18	Total sample size	Recode the initial total sample size as reported in the article, without considering any subsequent updates in the trial.
Part 3	**Study design**	
19	Study purpose	Classified into three categories:1= efficacy, 2= efficacy and safety
20	Number of assigned groups	Record the number of groups reported in the article.
21	Trial participating centre	Classified into two categories: 0= single centre, or 1= multicentre.
22	Type of randomization	The method by which participants were randomly assigned can be categorized into two types: 1= simple randomization, 2= others. Other types of randomization included stratified randomization, central randomization, and minimization randomization.
23	Type of blinding	Classified into three categories: 1= open label, 2= blinding or NR= not reported.

Part 4	**Interventions**	
24	Type and duration of studied intervention	Classified into two categories: 1= single intervention, or 2= complex interventions, namely including more than interventions in the treatment group. The treatment duration times were calculated as weeks for record.
Part 5	**Comparison**	
25	Type of controls	Classified into five categories: 1= solely Western Medicine (WM) as control, 2= solely CM as control, 3= include both CM and WM, 4= including placebo as control, or 5= blank or healthy as control. The total number of control types will exceed the number of included studies because several studies have more than two arms.
Part 6	**Outcome**	
26	CM-related outcomes	1. Classified into four categories: 0= no CM-related indicators, 1=including the name of CM syndromes/patterns score (e.g., scale), 2= referred to CM-related guidelines/standards/consensus when measuring outcomes (e.g., Guidelines for the Clinical Research of Chinese Medicine New Drugs), or 3= including both CM syndromes/patterns score and referring to CM-related guidelines/standards/consensus when measuring outcomes. 2. The absence of CM-related indicators (0) is also taken into consideration: if it was stated that CM-related indicators would be assessed in the Methods section, but no information regarding CM-related indicators was actually reported in the Results of the article.
27	Adverse events (AEs) reported	1. Classified into two categories: 0= no AE was reported, or 1= AE was reported. 2. AEs can be identified in the part of Results of the article. 3. Not reported (0) was also considered: if it was reported that AEs would be measured in the section of Methods, but no information about AE was reported in the Results.
28	Classification of adverse events in the experimental group	According to the National Medical Products Administration in China (https://www.nmpa.gov.cn/xxgk/kpzhsh/kpzhshyp/20110705171101327.html), we referred to their explanation and classified the AEs extracted from the included studies into five categories:

		0= there was no AE in the experimental group, 1= Skin damage (e.g., rash, itching, etc.), 2= Digestive system damage (e.g., nausea, vomiting, diarrhea, constipation, abnormal liver function, etc.), 3= Urinary system damage (e.g., hematuria, renal dysfunction, etc.), 4= Systemic damage (e.g., anaphylactic shock, fever, etc.). Several types of categories will be recorded for one study because more than one type of AEs is extracted.
29	Classification of adverse events in the control group	The same as Items 28. Only one category is different, 0 refers to that there was no AE in the control group.
30	Adverse events was identified the relationship with the intervention	Whether adverse events reported were related to the intervention in the experimental group：1= yes, or 0= no，NR= not reported, NA=not applicable.
Part 7	**Funding, registration, and protocol**	
31	Funding reported	Classified into three categories: 0= the study reported “no funding” involved, 1= the study was funded, or NR= not mentioned about funding, so we did not know whether it has funding or not.
32	Registration reported	Classified into three categories: 0= the study was not registered, 1= the study was registered, or NR= not mentioned about registration, so we did not know whether it was registered or not.
33	Protocol reported	Classified into three categories: 0= there was no protocol for the study, 1= the study had a protocol, or NR= not mentioned about protocol, so we did not know whether it has a protocol or not.

* In view of the importance of safety evaluation in RCTs, this study added the extraction of the relationship between adverse events and intervention in the experimental group during the implementation process.

Supplementary file 3: Standard operating procedures (SOP) for quality assessment

3.1 SOP for quality assessment of acupuncture RCTs

No.	Section/topic	Extension items	Questions for assessment	Definition of Fully reported (scored as 1), Partially or not reported (scored as 0), and Not applicable (NA)	Examples of "fully reported"
1	Acupuncture rationale	1a) Style of acupuncture (e.g. Traditional Chinese Medicine, Japanese, Korean, Western medical, Five Element, ear acupuncture, etc)	Q1. Whether the style of acupuncture was reported?	① "Fully reported" was considered if the reader can determine the style of acupuncture in the article, such as Traditional Chinese Medicine, Japanese, Korean, Western medical, Five Element, ear acupuncture, scalp acupuncture, abdominal acupuncture, electroacupuncture, floating acupuncture, etc. ② "Partially or not reported" was considered if there was only acupuncture in the article, or it was difficult to judge the style of acupuncture, or needling specific points such as needling Yuan-primary point, or acupuncture specific parts such as needling knee joint. ③ "Not applicable" was not identified in this item.	1. Saam (Sa-Ahm) acupuncture is a unique acupuncture method of traditional KM, believed to have been developed in the mid-17th century by a Korean Buddhist monk named "Saam" [195]. 2. Thread embedding acupuncture (TEA) is a special form of acupuncture that involves the insertion of absorbable threads into specific acupoints to produce long-lasting therapeutic effects [194] .
		1b) Reasoning for treatment provided, based on historical context, literature sources, and/or consensus methods,	Q2. Whether the reason/rationale about acupuncture intervention for the disease was	① "Fully reported" was considered if the rationale about acupuncture intervention for the disease was reported in the Background/Introduction. For example, the acupuncture selection would be based	1. Acupuncture allows reduced use of postoperative opioid analgesics, intensity of postoperative pain, and

		with references where appropriate	reported in the Background/Introduction?	on theories, consensuses, previous research findings, pilot studies, and so on. ② "Partially or not reported" was considered if there were only descriptions about the characteristics of the disease and acupuncture, without the relationship between them, or just described the rationale for acupuncture to treat the disease in general terms, but the rationale of the treatment of the disease by the style of acupuncture was not stated in the Background/Introduction. ③ "Not applicable" was not identified in this item.	incidence of opioid-related adverse effects [186]. 2. A previous study15 suggested that acupuncture has promising effects on Irritable bowel syndrome (IBS). The possible biological mechanisms that have been proven to be involved in acupuncture for IBS primarily included reducing visceral hypersensitivity and modulating the gut-brain axis [188].
			Q3. If the rationale about acupuncture intervention for the disease was "Fully reported" in the Background/Introduction (Q2), whether the relevant references were provided?	① "Fully reported" was considered if the relevant citations were provided, such as previously published clinical evidence(s), biomedical experiment findings, pilot studies, systematic review, website, or supplementary materials. ② "Partially or not reported" was considered if there was no reference. ③ "Not applicable" referred to that the rationale about acupuncture intervention for the disease was "Partially or not reported" in the Background/Introduction (Q2).	1. A previous report of results from Southwest Oncology Group (SWOG) S1200, a multicenter, blinded sham acupuncture (SA) and waiting list control (WC) randomized clinical trial that was conducted to evaluate the effect of true acupuncture (TA) on joint pain related to AIs among women with early-stage breast cancer, found that TA compared with SA or WC resulted in a statistically significant reduction in joint

					pain at 6 weeks, the primary end point, and at 12 weeks.Subsequent systemic reviews and meta-analyses have confirmed this effect. [189] 2. According to previous studies, acupuncture could modulate gastrointestinal motility and had a stimulatory effect on the distal colonic. In recent years, there were randomized controlled trials involving 1960 subjects showed that electroacupuncture (EA) was safe and effective to treat chronic constipation [192].
		1c) Extent to which treatment was varied	Q4. Whether the acupuncture treatment was individualized was reported?	① "Fully reported" was considered if the reader can identify the acupuncture treatment was individualized (partially or fully) for different participants in the article. Generally, it was presented as follows: individualized treatment, syndrome differentiation, modification of treatment according to symptoms, different treatment for the elderly/children/menstrual women, mention of ashi point, selection of acupoints according to pain points, or other expressions with similar meanings. ② "Partially or not reported" was considered if it did	1. In the acupuncture group, individualized Saam acupuncture treatment was performed, based on its use in the KM clinical field , with reference to the consensus among five KM specialists, textbooks on acupuncture and moxibustion, and external expert advice [195]. 2. In accordance with the

				not report whether the acupuncture treatment was standardized or individualized in the article. ③ "Not applicable" referred to that a standardized procedure of acupuncture was reported in the article.	principles of the Saam acupuncture method, acupuncture was performed on the left side of men and the right side of women [195]. 3. Referred pain occurs when the finger is pressed at a sore point on the muscle-tight bandage on the skeletal muscle around the heel. Generally, 3 to 5 points are selected, and a disposable sterile acupuncture needle perpendicular to the muscle fiber is used to Pierce the skin [263].
			Q5. If the individualized acupuncture treatment was "Fully reported" (Q4), whether the possible variations for individualized were described?	① "Fully reported" was considered if the possible variations for individualized were described. For example, variations may include the combination of fixed acupoints and flexible acupoints selection, or treatment protocol based on different individual's constitutions. ② "Partially or not reported" was considered if only "individualized treatment" was mentioned and it was not clear how to operate. ③ "Not applicable" referred to that the individualized acupuncture treatment was scored as "Partially or not reported" or "Not applicable" in Q4.	1. Select corresponding acupoints according to the symptoms……for those with spleen deficiency, pierce Beishu acupoints, and for those with kidney deficiency, pierce directly for Shenshu on both sides [314]. 2. Patients with cold syndrome or deficiency syndrome should add qi Hai and Guan Yuan [286].

			Q6. If the individualized acupuncture treatment was "Fully reported" (Q4), whether the reason/rationale was reported?	① "Fully reported" was considered if the underlying rationale about individualized acupuncture treatment for the disease was reported in the article. ② "Partially or not reported" was considered if the reason of individualized acupuncture selection was not mentioned in the article. ③ "Not applicable" referred to that the individualized acupuncture treatment was scored as "Partially or not reported" or "Not applicable" in Q4.	1. Acupuncture points can be added according to the condition. For the wind-cold-damp type, choose Yinling spring, blood sea, Fengshi, Yanglingquan and so on as matching points……[305]. 2. If the patient's medial rectus is paralyzed, Sibai, Cuanzhu, Hegu and Anmian can be used; if the patient's lateral rectus is paralyzed, Tongziliao, Taiyang, Anmian and Hegu can be used……[323].
2	Details of needling	2a) Number of needle insertions per subject per session (mean and range where relevant)	Q7. Whether the number of needle insertions per subject per session (mean or range where relevant) was reported?	① "Fully reported" was considered if there was information related to the number of needle insertions per subject per session (mean and range where relevant). For example, whether the acupuncture was applied unilaterally or bilaterally, the total number of treated points with acupuncture per subject per session, or the mean/range of points' numbers selected across all participants. ② "Partially or not reported" was considered if there was no information or obvious errors about the number of needle insertions per subject per session (mean and range where relevant).	1. The acupoint selection scheme was Shangjuxu (bilateral), Xinshu (bilateral), Dan-Chang Shu (bilateral), Tianshu (bilateral), Sanjiao Shu (bilateral) and Zusanli (bilateral) [207]. 2. The umbilical acupuncture treatment group was selected from Xun, Li, Kun，Gan and Kan [217].

				③ “Not applicable” was not identified in this item.	
		2b) Names (or location if no standard name) of points used (uni/bilateral)	Q8. Whether the names (or location if no standard name) of points used (uni/bilateral) for acupuncture was reported?	① “Fully reported” was considered if there was information related to the names (or location if no standard name) of points used (uni/bilateral)，such as standard nomenclature for acupoints(e.g. GB21) and/or meridians (e.g., conception vessel), anatomical location, etc. It was also considered as “Fully reported” if authors reported “The pain site or ashi point was selected for acupuncture treatment”, or other expressions with similar meanings. ② “Partially or not reported” was considered if there was no information or obvious errors about the names (or location if no standard name) of points used (uni/bilateral). ③ “Not applicable” was not identified in this item.	1. All participants received acupuncture at GV 24 (shen ting), GV 29 (yin tang), bilateral HT7 (shen men), bilateral SP 6 (san yin jiao), and Si Shen Zhen, which included 4 acupoints, including GV 21, GV 19, and 1.5 cun next to GV 20 bilaterally [191]. 2. The acupoints used by each participant are the same, including Quchi (LI11), Shousanli (LI10), Hegu (LI4), Xiaohai (SI8), Tianjing (SJ10), and Waiguan (SJ5) [200]. 3. The most obvious tender points near Tianshu point, Chengshan point, Shenshu point and Dai Mai point were selected [264].
		2c) Depth of insertion, based on a specified unit of measurement, or on a particular tissue level	Q9. Whether the depth of insertion was reported?	① “Fully reported”was considered if there was information about depth of insertion that based on a specified unit of measurement, or on a particular tissue level.The depth of insertion should be expressed using the Chinese measurement of the cun; in terms of anatomical depth, for example, of subcutaneous tissue, fascia, muscle or periosteum; or in millimetres.	1. The needle was inserted to a depth of 5 to 20mm [194]. 2. Baihui and Sishencong were all needled 10–15mm backward at an Angle of 15°–30° [180].

				② "Partially or not reported" was considered if there was no information or obvious errors about depth of insertion. ③ "Not applicable" was not identified in this item.	
		2d) Response sought (e.g. de qi or muscle twitch response)	Q10. Whether the responses sought from participants (e.g. de qi or muscle twitch response) was reported?	① "Partially or not reported" was considered if there were descriptions of responses from participants, either the expected responses or the actual responses. For example the de qi sensation in traditional Chinese acupuncture, the muscle twitch in trigger point treatment or muscle contraction in electro-acupuncture, or other expressions with similar meanings. It was also considered as "Fully reported" if authors reported "No special response was found", or "All participants responded normally". ② "Partially or not reported" was considered if there was no description of participants responses. ③ "Not applicable" was not identified in this item.	1. The bilateral ST37 was inserted to a depth of 25 to 30 mm with the manipulation of steady small lifting, thrusting, and twirling until the subject experienced a sensation of de qi (sourness, numbness, and heaviness) [192]. 2. After acupuncture, the local acid distension is obvious, although it is difficult to cause visual local convulsive reaction, but the patient can usually feel the muscle beating [231].
		2e) Needle stimulation (e.g. manual, electrical)	Q11. Whether the needle stimulation (e.g. manual, electrical) was described?	① "Fully reported" was considered if readers can identify how the needle stimulation(e.g. manual or electrical) for all points were performed.For manual stimulation, the techniques include lifting, thrusting or rotating the needle to manipulate the de qi sensation. For electrical stimulation, the current, amplitude and frequency settings should be recorded. ② "Partially or not reported" was considered if there was no information or obvious errors about the needle	1. The needle was inserted perpendicularly into the acupoint for 20 min, and the needle was rotated in 90–180° at 2, 5, and 10 min after insertion to enhance the needling effects [200]. 2. Needling 0.5-1.0 inches in Neiguan, 1.0-1.2 inches in

				stimulation for acupuncture . For example, only the type or name of the acupuncture was reported, with no specific description of how it was performed. ③ "Not applicable" was not identified in this item.	Zusanli, using XS-998B04 low-frequency pulse electroacupuncture therapy instrument (Nanjing Komatsu Medical Instrument Research Institute) to electrically stimulate the acupoints, using density waveform, current pulse frequency The setting is 2, 10, 50, 100 Hz, which changes periodically, and the intensity is subject to the patient's no discomfort [316].
		2f) Needle retention time	Q12. Whether the needle retention time was reported?	① "Fully reported" was considered if there was information about the needle retention times, either a standard or a mean and range. The needle retention times referred to the time elapsed between the insertion and removal of needles. It was also considered as "Fully reported" if the study that did not require needle retention, such as small needle knives, even if it was not explicitly stated that no needle retention was required. ② "Partially or not reported" was considered if there was no information or obvious errors about needle retention times. ③ "Not applicable" was not identified in this item.	1. Each acupoint was operated for 30s, and the needle was retained for 30min [181]. 2. The treatment group was treated with small needle knives…….After feeling loose under the needle,pull it out. After the needle is removed, apply sterile dressing to cover the wound [282].

		2g) Needle type (diameter, length, and manufacturer or material)	Q13. Whether the needle type reported (e.g. diameter, length, and manufacturer or material) was described?	① "Fully reported" was considered if there was information related to the needle type used for acupuncture, including the materials (e.g., stainless steel, gold and silver), diameter, length, product name and manufacturer. ② "Partially or not reported" was considered if there was no information about needle type. ③ "Not applicable" was not identified in this item.	1. Acupuncture was performed using one-use, sterile, stainless steel needles (Tianxie, Suzhou Medical Appliance Factory, Suzhou, China; 0.25 × 25 mm, 0.25 × 40 mm) [191]. 2. Acupuncture was performed using 0.30×40mm disposable acupuncture needles (Dong Bang Acupuncture Inc., Boryeong, Republic of Korea) by a Korean medical doctor [194].
3	Treatment regimen	3a) Number of treatment sessions	Q14. Whether the number of acupuncture treatment sessions was reported?	① "Fully reported" was considered if there was information related to the number of the acupuncture treatment sessions, either planned or actual. ② "Partially or not reported" was considered if there was no or insufficient information about the number of the acupuncture sessions. ③ "Not applicable" was not identified in this item.	1. Patients received 16 times of electroacupuncture treatment, 5 times/week in the first two weeks, and 3 times/week in the next two weeks [201]. 2. Patients in all groups started treatment on the day of randomization and received twelve 30-minute sessions over 4 consecutive weeks at 3 sessions per week [188].
		3b) Frequency and duration of treatment sessions	Q15. Whether the frequency and duration of acupuncture treatment sessions was reported?	① "Fully reported" was considered if there was information related to the frequency and duration of the acupuncture sessions, either planned or actual. ② "Partially or not reported" was considered if there	1. Participants in the RA and SA groups received 30-minute acupuncture once per day, 3 times per week for a period of 8

				was no or insufficient information about the number, frequency and duration of the acupuncture sessions. ③ "Not applicable" was not identified in this item.	weeks [191]. 2. In both groups, each session lasted for 30 minutes. Participants were treated 3 times a week (ideally every other day) for 8 weeks [192].
4	Other components of treatment	4a) Details of other interventions administered to the acupuncture group (e.g. moxibustion, cupping, herbs, exercises, lifestyle advice)	Q16. Whether the details of other interventions administered to the acupuncture group were described?	① "Fully reported" was considered if there was information related to the details of other interventions administered to the acupuncture group, such as cupping, moxibustion, massage, herbs, exercises, or lifestyle advice, whether carried out by the treatment provider or the patient. ② "Partially or not reported" was considered if there was no or insufficient information about the details of other interventions administered to the acupuncture group. ③ "Not applicable" referred to that the intervention/experiment group received only acupuncture treatment.	1. In the treatment group, repeated transcranial acupuncture was used for scalp acupuncture, and conventional acupuncture was used for body acupuncture [176]. 2. Each needle was connected to HANS-200E electroacupuncture instrument (Jisheng, Nanjing, Jiangsu, China) and stimulated by electrical stimulation for 30 mins at 2/50 Hz [201].
		4b) Setting and context of treatment, including instructions to practitioners, and information and explanations to patients	Q17. Whether the setting or environment where the treatment was performed was reported?	① "Fully reported" was considered if there was information related to the setting(s) where the treatments was performed, such as hospitals, delivery room, gastroscopy room, private clinics, patients' homes, or the environment conditions (e.g., temperature, light, etc.). ② "Partially or not reported" was considered if there was no information about the setting or environment	1. According to the trial protocol, all of the interventions were performed by at least 2 of 3 physicians (T.I.U., C.K., T.H.) immediately after randomization in the patients' ward and were completed within 20 minutes before the

				where the treatment was performed. ③ "Not applicable" was not identified in this item.	cesarean delivery [186]. 2. Keep the delivery room quiet, and maintain the room temperature at 22–27 ℃ to ensure that the maternal body feels comfortable [291].
			Q18. Whether the context of treatment to the acupuncture providers and the participants was reported?	① "Fully reported" was considered if there was information related to the instruction of treatment to the acupuncture providers and the participants, including informed consent, the purpose of the trial, inclusion criteria, groupings and intervention allocation, potential outcomes, adverse effects, the description about the sham acupuncture control, etc. ② "Partially or not reported" was considered if there was no information about the instruction of treatment to the acupuncture providers and the participants. ③ "Not applicable" was not identified in this item.	1. …….. participants were informed of the investigational nature of the study and provided written informed consent [189]. 2. Before initiation of this inquiry,all participants gave written informed consent, according to the guidelines of the Declaration of Helsinki [191].
5	Practitioner background	5) Description of participating acupuncturists (qualification or professional affiliation, years in acupuncture practice, other relevant experience)	Q19. Whether the characteristic of participating acupuncturists was described?	① "Fully reported" was considered if there was description of treatment provider(s), such as qualification or professional affiliation, years in acupuncture practice, other relevant experience for professional, any training in advance for non-specialists (e.g., family members, patients self-provided treatment), or any other measures used for standardizing the treatment regimens. ② "Partially or not reported" was considered if there	1. The treatments were administered by certified acupuncturists who had 5 years of undergraduate education in acupuncture and at least 3 years of clinical experience [188]. 2. All treatments were performed by licensed acupuncturists with at least 5 years of clinical

				was no information about the qualifications or background of treatment provider(s), or training for non-specialists. It was also considered as “Partially or not reported” if there were non-specific descriptions such as "needle holder, doctor", or other expressions with similar meanings. ③ “Not applicable” was not identified in this item.	experience. A total of 6 acupuncturists (2 at each center; including X.Y. and S.Z.) performed EA and SA, and they received standardized training on the intervention method before the trial [193].
6	Control and comparator interventions	6a) Rationale for the control or comparator in the context of the research question, with sources that justify the choice	Q20. Whether the rationale for the choice of control or comparator interventions was reported?	① “Fully reported” was considered if there was information throughout the paper related to the rationale for the choice of control or comparator interventions (e.g., placebo, sham acupuncture, active, different acupuncture regimens, routine care, other CM interventions, no treatment). ② “Partially or not reported” was considered if there was no information about the rationale for the choice of control or comparator interventions . ③ “Not applicable” was not identified in this item.	1. Midazolam used in the drug group of this study is often used to relieve preoperative anxiety and improve postoperative psychological problems [180]. 2. In a study, oral glutamate was used as a control to treat perimenopausal insomnia, and the effective rate was 67.5%. Therefore, in this study, oral glutinin tablets were used as the control [333].
		6b) Precise description of the control or comparator. If sham acupuncture or any other type of acupuncture-like control is used, provide details as for items 1 to 3 above.	Q21. Whether the precise description of the control or comparator interventions was described?	① “Fully reported” was considered if there was precise description of the components of the control or comparator interventions. For example, if the control treatment is an acupuncture-like intervention, such as a form of sham acupuncture, whether the sham is invasive (penetrating the skin) or non-invasive (nonpenetrating), needling details and treatment regimen , etc.	1. The control group was treated with sodium hyaluronate eye drops (Germany). Usage: 1 drop each time, 4 times a day, 1 time each in the morning, noon, afternoon and before going to bed, continuous treatment for 8 weeks [359].

				② “Partially or not reported” was considered if there was no precise description of the components of the control or comparator interventions. ③ “Not applicable” was not identified in this item.	2. 30min before anesthesia induction, 2.5 mL of 0.9% sodium chloride solution was injected intravenously [180].

3.2 SOP for quality assessment of moxibustion RCTs

No.	Section/topic	Extension items	Questions for assessment	Definition of Fully reported (scored as 1), Partially or not reported (scored as 0), and Not applicable (NA)	Examples of“fully reported”
1	Moxibustion rationale	1a) Type of moxibustion (e.g., direct moxibustion, indirect moxibustion, heat-sensitive moxibustion, moxa burner moxibustion, natural moxibustion)	Q1. Whether the style of moxibustion was reported?	① “Fully reported” was considered if the reader can determine the style of moxibustion in the article, such as direct moxibustion, indirect moxibustion, heat-sensitive moxibustion, moxa burner moxibustion, natural moxibustion, electronic moxibustion, gynecological moxibustion apparatus, etc. ② “Partially or not reported” was considered if there was only moxibustion in the article, or it was difficult to judge the style of moxibustion. ③ “Not applicable” was not identified in this item.	1. Clinical Observation of Gynecological Moxibustion Apparatus in Treating Primary Dysmenorrhea of Cold Congealing and Blood Stasis Type [18]. 2. Clinical nursing effect of Du Meridian moxibustion on lumbar disc herniation of kidney deficiency and blood stasis type after acupuncture [22].
		1b) Reasoning for treatment provided, based on historical context, literature sources,	Q2. Whether the reason/rationale about moxibustion intervention	① “Fully reported” was considered if the rationale about moxibustion intervention for the disease was reported in the Background/Introduction. For	1. The main cause of CRF is the weakness of positive qi caused by long-term zangfu deficiency,

		and/or consensus methods, with references where appropriate	for the disease was reported in the Background/Introduction?	example, the moxibustion selection would be based on theories, consensuses, previous research findings, pilot studies, and so on. ② "Partially or not reported" was considered if there were only descriptions about the characteristics of the disease and moxibustion, without the relationship between them in the Background/Introduction. ③ "Not applicable" was not identified in this item.	the irregularity of qi and blood, the weakness of the spleen and stomach and other pathological symptoms of the body, which makes the cognition and function of the body decline. In view of the fire dragon moxibustion has the effect of reinforcing Yang, warming and tonifying, which is consistent with the treatment rules of CRF. According to many years of experience, Professor Gao Xiuan created his own medicinal wine and combined it with traditional fire dragon moxibustion to form an improved fire dragon moxibustion. Through drugs and moxibustion, warm and heat permeate the channels, stimulate the channels of qi, reach the viscera inside, and pass the limbs outside, achieving the functions of harmonizing Yin and Yang, warming qi and blood [24].
			Q3. If the rationale about moxibustion intervention	① "Fully reported" was considered if the relevant citations were provided, such as previously published	1. Many clinical experiences have shown that Sihua point

			for the disease was "Fully reported" in the Background/Introduction (Q2), whether the relevant references were provided?	clinical evidence(s), biomedical experiment findings, pilot studies, systematic review, website, or supplementary materials. ② "Partially or not reported" was considered if there was no reference. ③ "Not applicable" referred to that the rationale about moxibustion intervention for the disease was "Partially or not reported" in the Background/Introduction (Q2).	moxibustion has good clinical efficacy in the treatment of PGS, can improve clinical symptoms, and is of great significance for improving the quality of life of patients [6-8] [29].
		1c) Extent to which treatment was varied	Q4. Whether the moxibustion treatment was individualized was reported?	① "Fully reported" was considered if the reader can identify the moxibustion treatment was individualized (partially or fully) for different participants in the article. Generally, it was presented as follows: individualized treatment, syndrome differentiation, modification of treatment according to symptoms, different treatment for the elderly/children/menstrual women, or other expressions with similar meanings. ② "Partially or not reported" was considered if it did not report whether the moxibustion treatment was standardized or individualized in the article. ③ "Not applicable" referred to that a standardized procedure of moxibustion was reported in the article.	1. Measures of the observation group: no specific points were selected, the location of heat-sensitive points was set in the whole abdomen, and the parts passed by Ren pulse, spleen channel (bilateral), stomach channel (bilateral) and liver channel (bilateral) were explored successively, and heat-sensitive points were marked [55]. 2. The main points were Dazhi, Ganshu, Shenshu, Tianzhu, Taixi, Houxi, Shenmai, Zusanli and cervical spine Jiaji, and the matching points were selected according to the symptoms of patients [59].

			Q5. If the individualized moxibustion treatment was “Fully reported” (Q4), whether the possible variations for individualized were described?	① “Fully reported” was considered if the possible variations for individualized were described. For example, variations may include the point or treatment area selected, number of treatment sessions, number of moxibustion units per point or responsiveness sought. ② “Partially or not reported” was considered if only “individualized treatment” was mentioned and it was not clear how to operate. ③ “Not applicable” referred to that the individualized moxibustion treatment was scored as “Partially or not reported” or “Not applicable” in Q4.	1. Among them, the patients with tinnitus and deafness added external Guan and auditory palace matching points; Patients with headache and dizziness should add Fengchi and Baihui matching points; Patients with wind-cold arthralgia syndrome should add fengchi and Fengmen to their acupoints. Patients with strain and blood stasis syndrome increased Hegu and Xuehai matching points [59].
			Q6. If the individualized moxibustion treatment was “Fully reported” (Q4), whether the reason/rationale was reported?	① “Fully reported” was considered if the underlying rationale about individualized moxibustion treatment for the disease was reported in the article. ② “Partially or not reported” was considered if the reason of individualized moxibustion selection was not mentioned in the article. ③ “Not applicable” referred to that the individualized moxibustion treatment was scored as “Partially or not reported” or “Not applicable” in Q4.	1. Heat-sensitive moxibustion in the Shenque point is the sea of channel qi, can directly or indirectly connected to Ren, Chong, Du, with four veins, can be connected to twelve meridians, the five viscera, with and stomach clearing knot Tong Fu, warm Yang Gu rescue inverse effect; Zhongwan is the fundraising point of the stomach, which has the effect of lowering the reverse and benefiting the water, strengthening the spleen

					and stomach. Guanyuan point is the small intestine mu point, heat moxibustion this point can coordinate the Yin and Yang of the whole body, restore the channel Qi and blood smooth; Zusanli, Upper Juxu and Lower Juxu are the joint points of stomach channel, large intestine channel and small intestine channel. Heat sensitive moxibustion can regulate gastrointestinal fu-qi, strengthen water and liquid metabolism, water valley transport, promote blood flow and qi stagnation, promote gastrointestinal peristalsis, reduce abdominal fullness and shorten the time of anal exhaust [78].
2	Details of moxibustion	2a) Materials used for moxibustion (e.g., moxa floss, moxa cone, moxa stick, herbal patches, and their sizes and manufacturers)	Q7. Whether the materials used for moxibustion was reported?	① "Fully reported" was considered if there was information related to the materials used for moxibustion, such as moxa floss (white, soft, cotton-like fibers prepared from moxa leaves), moxa cone (cone-like shape made of moxa wool and commonly with three different sizes), moxa stick (strick wrapping moxa floss and some other herbs), indirect	1. Use the black moxibustion column of Yan's sun singed moxibustion [21]. 2. The moxa stick is lit and then put into the massage moxibustion treatment device, until the temperature is appropriate [23].

				moxibustion materials (ginger, garlic, salt, monkshood cake, medicinal herbs and paper), special apparatuses (moxa burner), special form of moxibustion using herbs other than moxa (natural moxibustion—Tianjiu), etc. ② "Partially or not reported" was considered if there was no information about the materials used for moxibustion. ③ "Not applicable" was not identified in this item.	
		2b) Names of acupoints (or location if no standard name) for moxibustion (uni/bilateral)	Q8. Whether the name and number (uni/bilateral) of acupoints/locations used for moxibustion was reported?	① "Fully reported" was considered if there was information related to the name and number of acupoints/locations (if no official name). For the name, they could be standard nomenclature for acupoints, anatomical locations, "The pain site was selected for moxibustion treatment" reported in the article, or other expressions with similar meanings. For the number, it referred to whether moxibustion was carried out unilaterally or bilaterally. ② "Partially or not reported" was considered if there was no information or obvious errors about the name or number (uni/bilateral) of moxibustion acupoints/locations. ③ "Not applicable" was not identified in this item.	1. The main points were selected from L1 to L5 Jiaji points, Shenyu Shuang and Guanyuan Yu Shuang, and the distal points were selected in combination with the condition of the lower extremities: if the patient had symptoms of the lateral nerve of the lower extremities, the three acupoints of ring jumping, Yanglingquan and Xuanzhong were selected; According to the symptoms of the lower extremity posterior nerve, the affected side of the Tibi, Kunlun, Weizhong point acupuncture; For the anterolateral nerve symptoms of lower extremities, three

					acupoints of Futu, Zusanli and Jiexi were selected [22].
		2c) Number of moxibustion units and/or moxibustion time per point (mean and range where relevant)	Q9. Whether the number of moxibustion units per point (mean or range where relevant) was reported?	① "Fully reported" was considered if there was information related to the number of moxibustion units per acupoint. For example, the total number of moxibustion units used per subject per session, the "mean±standard deviation" or "median and range" of numbers across all participants, or readers can understand how to calculate the number of moxibustion units per acupoint. ② "Partially or not reported" was considered if there was no information or obvious errors about the number of moxibustion units per acupoint. ③ "Not applicable" was not identified in this item.	1. tart treatment 5 days before menstruation, the frequency of treatment is once a day, 4 to 5 consecutive times, 2 pills each time, about 30 minutes [18]. 2. Place the prepared moxa wool on the ginger mud in the governor vein and the widened part, and ignite the moxa wool in the top, middle and bottom 3 places, burning out into 1 wick, a total of 3 wick [26].
			Q10. Whether the time of moxibustion units per point (mean or range where relevant) was reported?	① "Fully reported" was considered if there was information about the moxibustion time per acupoint. It can be from lighting up of moxa to the removal of moxa, putting on and removal of herbal patches, the time elapsed for having electro-moxibustion, or readers can understand how to calculate the time of moxibustion units per acupoint, either the "mean±standard deviation" or "median and range" of time across all participants. ② "Partially or not reported" was considered if there was no information or obvious errors about the moxibustion time per acupoint. ③ "Not applicable" was not identified in this item.	1. tart treatment 5 days before menstruation, the frequency of treatment is once a day, 4 to 5 consecutive times, 2 pills each time, about 30 minutes [18]. 2. Each session lasted 1 hour and was performed once a day apart for a total of 7 treatments [22].

		2d) Procedure and technique for moxibustion (e.g., direct/indirect, warming/sparrow-pecking technique, warming needle, moxa box, heat-sensitive moxibustion)	Q11. Whether the procedure and technique for moxibustion were described?	① "Fully reported" was considered if readers can identify how the moxibustion procedure and technique were performed, or the moxibustion procedure without special technique was clearly descried. ② "Partially or not reported" was considered if there was no information or obvious errors about the procedure and technique for moxibustion. For example, only the type or name of the moxibustion was reported, with no specific description of how it was performed. ③ "Not applicable" was not identified in this item.	1. Moxibustion method: Take a square felt pad, cut the middle into a hollow circle, as a moxibustion circle, and place the moxibustion circle on the above points of the children. Take a moxa ball with a diameter of about 4 cm, put it on the moxibustion machine and light it, wait for the patient to feel hot and put the moxibustion machine on the moxibustion ring. The above steps are repeated, or the moxibustion device is moved back and forth [17]. 2. Apply ginger juice: Apply ginger juice along the application site; Sprinkle moxibustion powder: sprinkle moxibustion powder along the operation site to form lines; Ginger mud: the ginger mud firmly spread on the mulberry paper, the lower width and narrow trapezoid; Place moxa cone: place olive moxa cone on top of ginger paste;

					Lighting moxa wick: light the upper, middle and lower three points and allow it to spontaneously burn itself out; Change moxa stick: continuous moxibustion completed 3 sticks; Remove the ginger mud: remove the ginger mud after 3 pieces of moxibustion; Rub the moxibustion lightly [20].
		2e) Responses sought (e.g., warm feeling, skin reddening, burning pain, heat-sensitization phenomenon)	Q12. Whether the responses sought from participants (e.g., warm feeling, skin reddening, burning pain, heat-sensitization phenomenon, etc.) was reported?	① "Fully reported" was considered if there were descriptions of responses from participants, either the expected responses or the actual responses. It was also considered as "Fully reported" if authors reported "No special response was found", "All participants responded normally", or other expressions with similar meanings. ② "Partially or not reported" was considered if there was no description of participants responses. ③ "Not applicable" was not identified in this item.	3. Moxibustion on the corresponding points, so that the patient's local skin has a warm feeling without burning pain is appropriate, moxibustion 20 min each time, moxibustion to the local skin redness is the degree [21].
		2f) Patient posture and treatment environment	Q13. Whether the patient posture during the moxibustion treatment and the treatment environment were reported?	① "Fully reported" was considered if there was information related to the position/posture of the patient during the treatment and the treatment environment. For the patient position/posture during the moxibustion treatment, it could be prone, sitting, lying sideways, the posture of the patient of both sides of the treatment if both front and back points were	1. Location: In a single therapy room with complete smoke exhaust system, do a good job of isolation [18]. 2. Moxibustion therapy room installed smoke exhaust system, moxibustion therapy

				used, “Any position was acceptable as long as the patient was comfortable”, “There were no special requirements for position/posture”, or other expressions with similar meanings in the article, etc. For the treatment environment, it could be descriptions about temperature, humidity, noise, light, etc. ② “Partially or not reported” was considered if there was no information about the patient position/posture during the moxibustion treatment and the treatment environment. ③ “Not applicable” was not identified in this item.	environment without smoke [57].
3	Treatment regimen	3) Number, frequency and duration of treatment sessions	Q14. Whether the number, frequency and duration of the moxibustion sessions were reported?	① “Fully reported” was considered if there was information related to the number of session, frequency and duration of each treatment or the length of the entire treatment, either planned or actual. ② “Partially or not reported” was considered if there was no or insufficient information about the number, frequency and duration of the cupping sessions. ③ “Not applicable” was not identified in this item.	1. Time: Start treatment 5 days before menstruation, the frequency of treatment is once a day, 4 to 5 consecutive times, each time 2 pills, about 30 minutes, continuous treatment for 3 menstrual cycles [18].
4	Other components of treatment	4a) Details of other interventions administered to the moxibustion group (e.g., acupuncture, cupping, herbs, exercises, lifestyle advice)	Q15. Whether the details of other interventions administered to the moxibustion group were described?	① “Fully reported” was considered if there was information related to the details of other interventions administered to the moxibustion group, such as acupuncture, cupping, herbs, exercises, or lifestyle advice, either carried out by the treatment	1. After admission, patients in the control group mainly took bed rest, reduced the weight of relevant joints, and carried out moderate joint function exercise

				provider or the patient. ② "Partially or not reported" was considered if there was no or insufficient information about the details of other interventions administered to the moxibustion group. ③ "Not applicable" referred to that the intervention/experiment group received only moxibustion treatment.	in bed according to the doctor's advice. Celecoxib capsule (Pfizer Pharmaceutical Co., LTD., National drug approval number J20140072) was given orally, 0.2g each time, once a day, for 7 days as a course of treatment, a total of 3 courses of treatment. Observation group was given fire dragon moxibustion treatment on the basis of control group [84].
		4b) Setting and context of treatment protocol, and information and explanations to patients	Q16. Whether the setting where the treatment was performed was reported?	① "Fully reported" was considered if there was information related to the setting(s) where the treatment was performed, such as hospitals, private clinics, patients' homes, etc. ② "Partially or not reported" was considered if there was no information about the setting where the treatment was performed. ③ "Not applicable" was not identified in this item.	1. Location: In a single therapy room with complete smoke exhaust system, do a good job of isolation [18]. 2. After the patient returned to the ward, the nursing staff gave moxibustion to Zhongji, Guanyuan and Qihai for 30 minutes within 10 minutes [52].
			Q17. Whether the instruction of treatment to the moxibustion providers or the participants was reported?	① "Fully reported" was considered if there was information related to the instruction of treatment to the moxibustion providers or the participants, including informed consent, the purpose of the trial, inclusion criteria, groupings and intervention allocation, potential outcomes, adverse effects, etc.	1. Their parents were aware of the content of this study and voluntarily signed the informed consent [17]. 2. All patients and their families were informed of this study and

				② "Partially or not reported" was considered if there was no information about the instruction of treatment to the moxibustion providers or the participants. ③ "Not applicable" was not identified in this item.	signed to cooperate [19].
5	Treatment provider background	5) Description of treatment provider (qualification or professional affiliation, years in moxibustion practice and other relevant experience for professional, or any special training in advance for layman)	Q18. Whether the characteristic of moxibustion treatment(s) provider was described?	① "Fully reported" was considered if there was description of treatment provider(s), such as qualification or professional affiliation, years in moxibustion practice, other relevant experience for professional, any training in advance for non-specialists (e.g., family members, patients self-provided treatment), or any other measures used for standardizing the treatment regimens. ② "Partially or not reported" was considered if there was no information about the qualifications or background of treatment provider(s), or training for non-specialists. ③ "Not applicable" was not identified in this item.	1. The researchers guided and urged the subjects to correctly implement the moxibustion method through wechat group. After learning, the subjects filmed their own operation process, and began to implement moxibustion after being judged qualified by the research assistant, and reported the moxibustion situation to the research assistant every day [25]. 2. The Chinese medicine technician administered heat sensitive moxibustion to the patient 30 minutes before enteral nutrition [65].
6	Control and comparator interventions	6a) Rationale for the control or comparator in the context of the research question, with sources that justify the choice	Q19. Whether the rationale for the choice of control or comparator interventions was reported?	① "Fully reported" was considered if there was information related to the rationale for the choice of control or comparator interventions (e.g., placebo, usual care, different moxibustion regimens, active treatments, a waiting list, sham moxibustion, no	1. At present, Western medicine treats acute diarrhea in children by supplementing vitamin, protecting intestinal mucosa, reducing intestinal secretion,

				treatment). ② "Partially or not reported" was considered if there was no information about the rationale for the choice of control or comparator interventions. ③ "Not applicable" does not apply on this item.	anti-infection and so on [17]. 2. Governor of the whole body Yang channel Qi, for the sea of Yang pulse, with the heat of moxibustion can warm kidney Zhuang Yang [26].
		6b) Precise description of the control or comparator. If another form of moxibustion or moxibustion-like control is used, provide details as for Items 1 to 3 above	Q20. Whether the precise description of the control or comparator interventions was described?	① "Fully reported" was considered if there was precise description of the components of the control or comparator interventions, either carried out by the treatment provider or the patient. ② "Partially or not reported" was considered if there was no precise description of the components of the control or comparator interventions. ③ "Not applicable" was not identified in this item.	1. Control group: ordinary Dao pulse moxibustion. ① Put 1500 g of dried fresh ginger, ground it into ginger paste, and heat it in the microwave oven to 38 – 42 ℃ for use. ② The patient takes a comfortable prone position, exposes the skin of the patient's lower back, and pays attention to protecting privacy and keeping warm [26].
7	Precaution measures	7) Precise description of the precaution measures, if any	Q21. Whether the precautionary or managerial measures to adverse events were reported?	① "Fully reported" was considered if there was information related to the precautionary measures or management of adverse events, harms, unintended effect, or "No adverse events occurred" was reported in the article. For example, what types of adverse events might occur or how adverse events might be avoided or managed, what types of adverse events and how they were dealt with were reported in the Results, etc. ② "Partially or not reported" was considered if	1. Strictly control the time of moxibustion to avoid burning the patient's skin, and apply safflower oil on the moxibustion site after moxibustion to strengthen the effect of moxibustion [19]. 2. Safety evaluation: Blood and urine routine, liver and kidney function and electrocardiogram

				there was no information about the precautionary or managerial measures to adverse events in the article. ③ "Not applicable" was not identified in this item.	were examined once before and 3 months after treatment [20].

3.3 SOP for quality assessment of Tuina/Massage RCTs

No.	Section/topic	Extension items	Questions for assessment	Definition of Fully reported (scored as 1), Partially or not reported (scored as 0), and Not applicable (NA)	Examples of "fully reported"
1	Tuina/Massage rationale	1a) Style of Tuina/Massage	Q1. Whether the style of Tuina/Massage was reported?	① "Fully reported"meant that the reader could identify the article's massage modalities, including the method of massage, the school to which the method was attributed, and the specific population to which it was applied. Massage in a specific way for specific anatomical and pathological areas or a form of massage performed through a special physical medium, was also considered as "fully reported". ② "Partially or not reported" was considered refers to if the article only mentions tui na / massage, but the	1. Massage methods: The effect of segmental spinal manipulation on the three-dimensional structure of the spine in adolescent patients with idiopathic scoliosis [104]. 2. Belonging to school: The analgesic effect of Liu Shoushan bone injury massage in the treatment of periarthritis of shoulder and the range of motion of shoulder joint [118]. 3. Specific population: Study on the effect of Pediatric massage on the recovery of pediatric pneumonia [241]. 4. Specific anatomical or pathological sites: Effect of abdominal massage on bowel evacuation in neurosurgical intensive care patients（2）; A randomized pilot study of oncology massage to

				reader can not judge the style of massage; if the article only a simple general description of the form of massage, not through the description reflects the specific style of massage, with the inability to judge its specific application to the people or specific massage effect, are partially reported. Such as Chinese Tuina techniques, acupressure, meridian massage, etc. ③ “Not applicable” was not identified in this item.	treat chemotherapy-induced peripheral neuropathy [112]. 5. Massage with Special media: Comparison of total cold-water immersion's effects to ice massage on recovery from exercise-induced muscle damage [90].
		1b) Rationale and objective for selected Tuina/Massage and specificdisease/condition, based onhistorical context, anatomical or theoretical	Q2. Whether the reason/rationale about Tuina/Massage intervention for the disease was reported in the Background/Introduction?	① “Fully reported” was limited to the background or introduction section at the beginning of the article, with a report on "why massage therapy was chosen to treat the disease studied" or "the purpose of using massage therapy to treat the disease studied", with no restriction on the type of report, which may be a theoretical opinion, or previous research results, or examples of previous trials, etc. If the article was a pioneering study based on previous experiments, a clear explanation of	1. Previous research results: The risk of constipation is high in neurosurgical patients,10 and the rate of constipation ranges from 40.7% to 88.6%…….Researches showed that abdominal massage (AM), an independent nursing intervention that also reduces the use of pharmacological agents without harming the patient, was beneficial in the prevention and treatment of constipation [91]. 2. Theoretical point of view: Fine-tuning manipulation of traditional Chinese medicine is an important clinical conservative therapy, which can relax the lumbar muscles, adjust the pathological structure of the spinal tissue and improve the spasm of the lumbar and back

				the background of the study can also be used to justify this study. ② "Partially reported or not reported" was considered if the background/introduction section contains only a description of the disease and the massage characteristics of massage therapy without a description of the relationship between the two, it was considered unreported. Partial reporting means that the article describes the characteristics of the broad category to which the massage therapy belongs, but did not describe the specific massage therapy characteristics of the pilot study, and although the association between massage therapy and disease was mentioned in the text, the association between the therapy and the disease for the purpose of the study was not specified. ③ "Not applicable" was not identified in this item.	muscles, and has positive significance for the recovery of the biomechanical properties of the spine [96]. 3. Pioneering research based on existing research status: The treatment of psoas muscle strain in existing research and practice is mainly based on compound massage, and there are relatively few studies on the treatment of single massage, especially for the treatment of psoas muscle strain in young athletes, and there is no complete experiment and comparative analysis. Based on this, this paper selected adolescent athletes as experimental samples, analyzed the different therapeutic effects of traditional compound massage and single rub, and conducted a comparative analysis of experimental data, and deeply explored the effect, feasibility and applicability of different therapies [149].
			Q3. If the rationale about Tuina/Massage intervention	① "Fully reported" was considered if the relevant citations were	1. Published clinical evidence：It has been reported that cardiac PNS reactivation following exercise

			for the disease was "Fully reported" in the Background/Introduction (Q2), whether the relevant references were provided?	provided, such as previously published clinical evidence(s), biomedical experiment findings, pilot studies, systematic review, website, or supplementary materials. ② "Partially or not reported" was considered if there was no reference. ③ "Not applicable" referred to that the rationale about Tuina/Massage intervention for the disease was "Partially or not reported" in the Background/Introduction (Q2).	is key to recovery *(Stanley et al., 2013)*. The PNS activity has been reported to be increased following massage on the lower limb and craniofacial muscles *(Takamoto et al., 2009; Arroyo-Morales et al., 201 1; Chen et al., 2019* [109]. 2. Systematic review: Due to the lack of definitive treatment for PCOS, disease management should improve the health-related quality of life by improving symptoms and preventing long-term complications of the disease [11] [110]. 3. Research pilot: Deep-stripping massage is often used along with other manual techniques to treat fibrositis[8]. It is one of many medical massage techniques that have been thought to inhibit active trigger points and improve muscle length and circulation by targeting a specific band of muscle fibers [9].……no research has investigated deep-stripping massage's effect on sleep quality, jaw mobility, or PPT in patients with bruxism. Therefore, the main purpose of this study was to examine the effect of deep-stripping massage on sleep quality, jaw mobility, or PPT of the masticatory muscles in patients with bruxism [108].

		1c) Specify the protocol of Tuina/massage intervention is standardized or not	Q4. Whether the Tuina/massage treatment was individualized was reported?	① "Fully reported" was considered if the reader can identify the Tuina/massage treatment was individualized (partially or fully) for different participants in the article. Generally, it was expressed as identification and treatment, meridian dialectic, addition and subtraction with symptoms, different treatment for the elderly/children/menstruating women, or other expressions with similar meaning. ② "Partially or not reported" was considered if it did not report whether the Tuina/massage treatment was standardized or individualized in the article. If the article was described as focusing on acupoints such as the foot Sanli and etc. When it was not possible to judge the final individualized massage, it was recorded as a partial report. ③ "Not applicable" referred to that a standardized procedure of Tuina/massage was reported in the article.	1. Personalized treatment according to pathological conditions: On the basis of routine nursing of physiologic milk stasis, acupoint massage based on syndrome differentiation [121]. 2. With the addition and subtraction of the syndrome type: Pinch the fifth time, according to the different clinical symptoms of the child using the "re-mention" technique, targeted to stimulate the back of the point after the last pinch, knead the Shenshu point several times [107].

			Q5. If the individualized Tuina/massage treatment was “Fully reported” (Q4), whether the possible variations for individualized were described?	① “Fully reported” was considered if possible variations in individualized treatment are described. For example, differences may include differences in the selection of treatment areas, massage intensity, massage frequency, massage medium, or treatment regimens based on the body size of different individuals. ② “Partially or not reported” was considered if only “individualized treatment” was mentioned and it was not clear how to perform it. ③ “Not applicable” referred to individualized massage/massage therapy in the fourth quarters were rated as “partially or not reported” or “not applicable”.	1. The basis for individualized treatment of different lesion sites: The distribution of meridians and meridians of breast distention sites was analyzed according to the distribution of circulation meridians on the breast. If swelling and pain in the upper outer quadrant of the breast accompanied with enlargement of the breast, the lesions were mainly Jueyin meridian and Shaoyin meridian of the hand, and points were selected as Shaohai and Quze; If the outer lower quadrant of the breast is swollen and painful, the lesion is in the foot Taiyin channel, the point of selection: Yin Lingquan; If the junction of the upper and lower quadrant of the breast is swollen and painful, the lesion is in any pulse, the point selection is shanzhong; If the inner upper quadrant of the breast is swollen and painful, the lesion is in the foot Yang Ming channel, and the point is Liangqiu; If the inner and lower quadrant of the breast is swollen and painful by the mammary root, the lesion is in the foot Jueyin meridian, and the point is Taichong; If the pain is seen in more than two parts, it is a mixed type, and the points can be selected [121]. 2. The basis for individual treatment of different symptoms: The patients with deficiency

					constipation were treated with the supplement method, which was pinched from the sacrotail to the shoulder, repeated 5 times; Patients with solid constipation were treated with the method of drainage, from the shoulder to the sacrococcygeal end of the child, repeated 5 times [97].
			Q6. If the individualized Tuina/massage treatment was “Fully reported” (Q4), whether the reason/rationale was reported?	① "Complete coverage" was considered to be if the article reported the basic principles of individualized Tui Na/massage treatment of disease, can be the reasons for adding or subtracting with the type of evidence, can be the choice of different massage modalities referred to the professional literature and other forms, without restricting the form of reporting, can reflect the individualized treatment has a reference basis. ② “Partially or not reported” was considered if the reason of individualized Tuina/massage selection was not mentioned in the article. ③ “Not applicable” referred to that	1. Reasons for individualized treatment of different lesion sites: "Lingshu · End Shi" said, "The way of pricking, qi regulation and stop." He point is the place where the meridian qi meets and the place where the meridian qi is regulated. Liangqiu is foot Yangming Cleft point, YangJing Cleft point has the effect of qi to relieve pain [121]. 2. Reasons for individualized treatment of different symptoms: The combination of tonifying and releasing in this study is more suitable for children with spleen and stomach qi deficiency, which has the effect of regulating qi and eliminating accumulation, regulating spleen and stomach, and promoting gastrointestinal peristalsis. The results of the study also confirm [97].

				the individualized Tuina/massage treatment was scored as “Partially or not reported” or “Not applicable” in Q4.	
2	Details of Tuina/Massage	2a) Participant’s posture during Tuina/Massage.	Q7. Whether the patient posture during the Tuina/Massage treatment was reported?	① “Fully reported” was considered if there is information related to the patient's posture/position during treatment in different treatment areas or special massage operations (e.g. traction and repositioning), such as prone, sitting or side-lying. It was also considered as “Fully reported” if authors reported “Any position was acceptable as long as the patient was comfortable”, “There were no special requirements for position/posture”, or other expressions with similar meanings. ② “Partially or not reported” was considered if there was no information about patient position/posture. ③ “Not applicable” was not identified in this item.	1. Report the exact massage position: During the AM, the neurosurgical patients were placed in the supine position with the head-of-bed elevated at 30? to 45?. Before he patients fed through a nasogastric tube received AM, their feeding was interrupted 30 minutes before AM, and the patients fed orally received AM at least 30 minutes after their meal. In this study, AM including effleurage, strokes, petrissage, and vibration techniques were applied to the patients for 15 minutes in each session at 9:00 AM and 9:00 PM [91]. 2. Choose a comfortable position: Take a comfortable supine position, the operator stands on the side of the maternal head, harmonize the maternal qi machine, and carry out head and facial massage under the soothing background music [127].
		2b) If media was included in Tuina/Massage, specify its	Q8. Whether the media used for Tuina/Massage was reported?	① “Fully reported” was considered the text of the media used in the Tuina/massage treatment, such as the	1. Report massage media details: Massage essence oil (Perfume Generics sunflower essence massage oil, earth Nature Biotech, Malaysia LOT

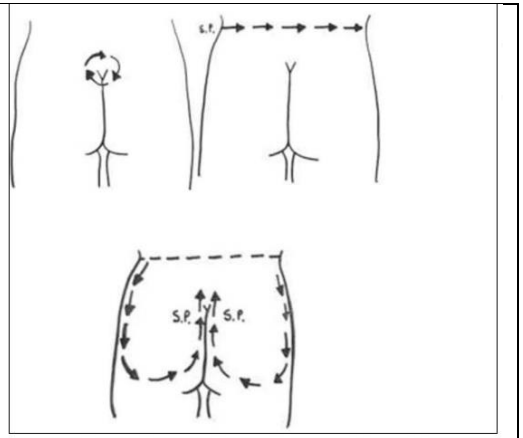
		action, dosage, and manufacturers (for nonnatural products if available).		media manufacturer, role, dosage, composition, and other details of the description or examples of media explanatory documents. No word limit or reporting format. ② "Partially or not reported" was considered if there was mention of the media in the treatment process in the whole text, but only the name of the media is mentioned, without any details of the introduction or description ③ "Not applicable" means that the Tuina/Massage treatment does not contain any media.	150802216K) was used to lubricate the participants' skin for massage intervention [109].
		2c) Names and numbers of acupoints/meridians/locations (ifno officialname)used for Tuina/Massage(uni/bilateral).	Q9. Whether the name of acupoints/meridians/locations (if no official name) used for Tuina/Massage was reported?	① "Fully reported" was considered if there was information related to the name of acupoints/meridians/locations (if no official name) , such as standard nomenclature for acupoints (e.g., LR10) and/or meridians (e.g., conception vessel), anatomical location, etc. It was also considered as "Fully reported". If the authors reported massage at painful sites such	1. Reported acupoint name：Acupressure intervention was performed on the pressure points of Ren-3,Ren-4, Liv3, Sp10, and Sp6. Intervention was performedtwice a week for 6 weeks [110]. 2. Report anatomical location: The massage was performed on the anterior (rectus femoris muscle of the quadriceps) and posterior (biceps femoris muscle of the hamstrings) of the dominant thigh. A duration of 5 min was spent to massage the anterior and posterior of the

				as painful points or ayurvedic points, or other expressions with similar meaning, they were also considered "fully reported". ② "Partially or not reported" was considered if there was no information or obvious errors about the name of Tuina/Massage acupoints/meridians/locations. ③ "Not applicable" was not identified in this item.	dominant thigh, respectively, to a total duration of 10 min. The control group did not receive a massage and were requested to rest for 10 min in the seated position [109].
			Q10. Whether the number of acupoints/meridians/locations (if no official name) used for Tuina/Massage was reported?	① "Fully reported" was considered if there was information related to the number of acupoints/meridians/locations (if no official name). For example, whether the Tuina/massage treatment were applied unilaterally or bilaterally, the total number of treated points with massage per subject per session, or the mean/range of points' numbers selected across all participants. ② If there was no information about the massage points/meridians/locations or if it is clearly wrong, the report is considered "partially reported or not	1. Detailed report of unilateral and bilateral massage: In the patient's abdomen, from the lower end of the sternum to the sword protrusion, along the costal arch to both sides to the midaxillary line. The patient lies on his back, the nurse hands thumbs or other four fingers together, with the finger abdomen from xiphoid process along the free rib oblique to both sides of the abdomen, say the abdominal Yin and Yang... The nurse pressed both thumbs on the Zusanli point on each side [113]. 2. The number can be estimated by the article: For the alternate-site massage control groups (Groups 3 and 4), massage practice involved the scalp/neck/shoulders and back above T4. For participants at risk for secondary lymphedema

				reported" when the reader cannot tell whether the number of massage locations was performed unilaterally or bilaterally. Consider "partially reported or not reported" when the reader cannot tell whether the number of massage positions was performed unilaterally or bilaterally at the same time, indicating a clear ambiguity in the report. ③ “Not applicable” was not identified in this item.	of the upper quadrant or other unique health conditions, positioning and massage was modified according to oncology massage safety standards [112].
		2d) Duration of Tuina/Massage per point/location (mean and range where relevant).	Q11. Whether the Tuina/Massage time per location (mean or range where relevant) was reported?	① "Fully reporting" was considered to have no restrictions on the type and method of reporting as long as the duration of the massage was reported in the full text, whether it was the duration of a single-site massage treatment or the total duration of a complete massage treatment. For some specific TCM treatments, if the duration of the massage was specified, then only the frequency of single-site massage can be reported, such as pediatric massage.	1. Report massage time: 1 minute on the sole of the foot; 1 minute on the Achilles tendon; 1 minute on the soleus muscle; 3 minutes on the triceps muscle; 4 minutes on the hamstring muscles; 30-second tapotement from the sole of the foot to the hamstrings; and 30-second superficial effleurage from the sole of the foot to the hamstrings. Subjects then assumed a supine position for 18 minutes and received massage for 1 minute on the sole of the foot; 3 minutes on the tibialis anterior and peroneus lateralis muscles; 4 minutes on the quadriceps, adductors, and lata muscles; 30-second tapotement from the sole of the foot to the

				② “Partially or not reported” was considered if there was no information or obvious errors about the massage time per location, or the relationship between the frequency of massage and the total time of massage can not be judged by the duration of individual parts of the message ③ “Not applicable” was not identified in this item.	quadriceps; and 30-second superficial effleurage from the sole of the foot to the quadriceps [92]. 2. Report the frequency of massage: Liu's massage treatment for children. ① Opening: opening the gate of heaven, pushing the temple, moving the sun, pinching the total tendon, dividing Yin and Yang 24 times each; ② Push five channels: tonifying the lung 300 times, tonifying the spleen 250 times, tonifying the kidney 200 times, clearing the liver 150 times, clearing the heart 100 times [126].
		2e) Procedure and operation details for Tuina/Massage, including specific techniques and manipulativetreatments, preferably with quality control for the intervention.	Q12. Whether the procedure and technique for Tuina/Massage were described?	① “Fully reported” was considered the " method" or massage "technique" was explicitly reported when describing exactly how the massage intervention was implemented. If the massage technique was not explicitly reported, the process of implementing the massage was described in detail or illustrated with aids such as videos or diagrams. If the article cites the massage follows a guideline or consensus, or if the details of the operation were described in the protocol, it can also be seen as fully	1. Details of the massage process: All massage was administered using conventional massage oil. Pillows were used under the feet to provide comfort when lying prone and under the head and knees when supine. During the first application, subjects laid prone on a standard plinth for 22 minutes and received massage in the following sequence: 1 minute on the sole of the foot; 1 minute on the Achilles tendon; 1 minute on the soleus muscle; 3 minutes on the triceps muscle; 4 minutes on the hamstring muscles; 30-second tapotement from the sole of the foot to the hamstrings; and 30-second superficial effleurage from the sole of the foot to the hamstrings. Subjects then assumed a

				reported. ② If there was no information on the procedures and techniques of massage/nursing or was clearly incorrect, it was considered "partially or not reported". For example, only the type or name of the massage was reported without a specific description of how it was performed; or the reader cannot repeat the massage steps from the author's description. or the reader was unable to repeat the massage steps from the author's description, and there were obvious errors, ambiguities, and non-replicability in the massage procedure, which were defined as partially or not reported. ③ "Not applicable" was not identified in this item.	supine position for 18 minutes and received massage for 1 minute on the sole of the foot; 3 minutes on the tibialis anterior and peroneus lateralis muscles; 4 minutes on the quadriceps, adductors, and lata muscles; 30-second tapotement from the sole of the foot to the quadriceps; and 30-second superficial effleurage from the sole of the foot to the quadriceps [92]. 2. Picture example (Fig2 is a massage diagram) : This technique was applied between T10 and S4 according to Fig. 2 [9] for 20 min each time. In order to control the amount of received massage and the uniformity of the intervention and to increase the accuracy of the study, massage, cervix examination and measurements were performed by the same researcher. In the control group, the routine maternity ward care was performed except massage. In addition, the researcher accompanied by participants in the control group as done for the massage group [111].

					 **Fig. 2** Kimber massage guideline
			Q13. Whether the quality control of the Tuina/Massage intervention was described	① "Fully reported" was considered in the description of the details of the implementation of the massage intervention, if there was a description of quality control, it can be "training operations", "modern technology quality control results", etc., or the quality control requirements of an operational procedure standard were followed to implement the massage. ② "Partially or not reported" was considered if there was no information about quality control content on the implementation of interventions.	1. Follow accepted protocols for training: Massage treatments were provided by one of three licensed oncology massage therapists, each with > 15 years experience. For the site-specific (LE) massage Group 1 and Group 2, massage practice followed a standardized protocol for CIPN [112]. 2. The massage operators have been assessed: Senior nurses are selected to form a team, and the team members are trained, including the breastfeeding education guidance language and breast massage techniques. After passing the assessment, they will officially take up their posts to ensure that each woman can receive unified breastfeeding guidance and

				③ “Not applicable” was not identified in this item.	standardized six-step breast massage techniques [155].
		2f) Responses sought from participants during/after Tuina/Massage (e.g, comfortable, fatigue, warmfeeling,skin reddening, sore and pain,etc.),if applicable.	Q14. Whether the responses sought from participants (e.g, comfortable, fatigue, warmfeeling,skin reddening, sore and pain,etc.) was reported?	① “Fully reported” was considered if there were descriptions of responses from participants, either the expected responses or the actual responses. It was also considered as “Fully reported” if authors reported “No special response was found”, “All participants responded normally”, or other expressions with similar meanings.In the case of operations requiring special reactions such as orthopedic manipulation, any description of the relevant treatment reactions mentioned in the text can be considered as fully reported. ② “Partially or not reported” was considered if there was no description of participants responses. ③ “Not applicable” was not identified in this item.	1. Report the reaction when the massage is effective: This procedure was repeated several times until the applied pressure provoked no pain or little discomfort [108]. 2. Massage proprioceptive response: It was performed at each point for five minutes with the amount of pressure to the extent that the point under pressure becomes numb or tingling [110].
3	Intervention regimen	3)Number, frequency, and duration of the intervention sessions.	Q15. Whether the number, frequency and duration of the Tuina/Massage sessions was reported?	① “Fully reported” was considered if there was information related to the number, frequency and duration of the Tuina/Massage sessions, either planned or actual.	1. Detailed Coverage: Patients lay on the bed and relaxed completely to receive acupressure in the intervention group. Acupressure intervention was performed on the pressure points of Ren-3, Ren-4, Liv3, Sp10, and Sp6. *e

				② “Partially or not reported” was considered if there was no or insufficient information about the number, frequency and duration of the Tuina/Massage sessions. ③ “Not applicable” was not identified in this item.	intervention was performed twice a week for 6 weeks [110].
4	Other components of intervention	4a) Rationale and details of other interventions administered to the Tuina/Massage group(e.g.acupuncture, moxibustion,cupping,herbs, exercise therapy, lifestyle advice).	Q16. Whether the rational of other interventions administered to the Tuina/Massage group were described?	① “Fully reported” was considered if there are other therapies in the intervention group, either in the form of prescribed self-treatment and lifestyle advice provided by a physician, or in the form of adjunctive therapy such as herbal ointments and acupuncture. The rationale for the adjunctive treatment should be reported, either for the purpose of the adjunctive treatment, its efficacy on the disease, etc. ② “Partially or not reported” was considered there was no description of any theoretical basis for the other complementary therapies in the intervention group. ③ “Not applicable” referred to that the intervention/experiment group	1. Combined with conventional massage: On the basis of the control group, warm abdomen Tongdao technique was applied. ... In the past, traditional Chinese medicine for the treatment of gastric epigastric pain mostly through conventional massage treatment, although there is an effect. However, the main treatment is pain relief, and the therapeutic effect has limitations [115]. 2. Combined with conventional treatment: In order to ensure the normal growth and development of preterm infants, clinical advocates should implement active treatment for preterm infants with feeding intolerance. Conventional treatment measures are mainly thermal insulation and moisturizing, nutritional support, and supplemented with bifidobacterium lactobacilli triple viable bacteria to improve intestinal flora and maintain intestinal

				received only the Tuina/Massage treatment set according to the study objectives.	microenvironment balance, but the ideal intervention effect cannot be achieved [114].
			Q17. Whether the details of other interventions administered to the Tuina/Massage group were described?	① "Fully reported" was considered if there was information related to the details of other interventions administered to the cupping group, such as acupuncture, moxibustion, massage, herbs, exercises, or lifestyle advice. Details can be the name, dosage, and dosage of herbal or western medicine, or the location and technique of acupuncture points, etc. Whether carried out by the treatment provider or the patient. ② If details of other interventions implemented in the tui na/massage group were not available or there was insufficient information, they were considered "partially or not reported". For example, in the case of combined lifestyle treatment or usual care, diet and exercise were not reported; in the case of combined other non-pharmacological treatment, the form and operation of	1. Combined routine care: Including dietary guidance and exercise guidance for patients. ① Dietary guidance: Guide the patient to eat foods rich in vitamins and cellulose, in order to promote digestion, the food can be mashed, prohibit eating gas-producing foods, prevent abdominal distension and discomfort, while avoiding eating spicy and irritating foods, ensure water intake, and develop the habit of regular defecation every day. ② Exercise guidance: After the patient's condition is stable, the patient is encouraged to get out of bed as soon as possible for 2-3h, and the patient can perform abdominal functional exercise in bed during bed to promote intestinal peristalsis [113]. 2. Combination of Western medicine and conventional treatment: The control group received conventional treatment. Including nutritional support, insulation and moisturizing, rehydration, oxygen inhalation and other measures; 30 min before feeding, 500 mg of bifidobacterium lactobacillus triple live bacteria was added into 3 mL of warm milk. After dissolving, the liquid was

				non-pharmacological treatment was not reported; in the case of combined Western medicine treatment, the name, dosage and other relevant information were not reported. ③ "Not applicable" referred to that the intervention/experiment group received only Tuina/Massage treatment.	dropped into the mouth of the child through an eyedropper, 3 times a day, for 10 days [114].
		4b) Necessary instruction and explanation of Tuina/Massage intervention to the participants.	Q18. Whether the instruction of treatment to the Tuina/Massage providers and the participants was reported?	① "Fully reported" was considered the text notes that the patient signed an informed consent for the massage treatment or if there was information related to the instruction of treatment to the Tuina/Massage providers and the participants, including the purpose of the trial, inclusion criteria, groupings and intervention allocation, potential outcomes, adverse effects, the description about the sham massage control, etc. ② "Partially or not reported" was considered if there was no information about the instruction of treatment to the massage providers and the participants. ③ "Not applicable" was not	1.Patient informed consent: Written informed consent was obtained from all participants. This study conformed to all Consortium guidelines and is registered at clinicaltrials.gov (Identifier: NCT03753529) [108].

				identified in this item.	
5	Tuina/Massage provider background	5)Background of Tuina/Massage provider (qualification or professional affiliation, years in Tuina/Massage practice and other relevant experience for professional, or any special training in advance for layman).	Q19. Whether the characteristic of Tuina/Massage treatment(s) provider was described?	① "Fully reported" was considered if there was description of treatment provider(s), such as qualification or professional affiliation, years in Tuina/Massage practice, other relevant experience for professional, any training in advance for non-specialists (e.g., family members, patients self-provided treatment), or any other measures used for standardizing the treatment regimens. ② "Partially or not reported" was considered if there was no information about the qualifications or background of treatment provider(s), or training for non-specialists. ③ "Not applicable" was not identified in this item.	1. Report the qualifications of operation or explanation personnel: The nurses in the department with the qualification of Chinese Nursing Association for TCM treatment will explain the operating standards, time, techniques and location of acupressure points to the patients and their families, so that the patients can operate by themselves after discharge [124]. 2. Training patients to operate autonomously: Focus on teaching patients acupressure methods for 30 min/d, focus on training for 3 days, teaching contents include acupoint selection site and techniques of acupressure, and ask patients to perform acupressure by themselves; Send text and pictures to patients to deepen memory, 3 to 5 times a week; The patients were given group intensive instruction once every 4 weeks. Both groups were followed up for 8 weeks [122].
6	Control or comparator interventions	6a) Rationale for the controlor comparator in the context of the research question, with sources thatjustify the choice.	Q20. Whether the rationale for the choice of control or comparator interventions was reported?	① "Fully reported" was considered if there was information related to the rationale for the choice of control or comparator interventions (e.g., placebo, sham massage, active, different massage regimens, routine	1. Combined with conventional massage: On the basis of the control group, warm abdomen Tongdao technique was applied. ... In the past, traditional Chinese medicine for the treatment of gastric epigastric pain mostly through conventional massage treatment, although there is an effect. However, pain

				care, other CM interventions, no treatment). ② "Partially or not reported" was considered if there was no information about the rationale for the choice of control or comparator interventions . ③ "Not applicable" was not identified in this item.	relief is the main treatment, and the therapeutic effect is limited [115]. 2. Combined conventional treatment: In order to ensure the normal growth and development of preterm infants, it is recommended to implement active treatment for preterm infants with feeding intolerance. Conventional treatment measures are mainly thermal insulation and moisturizing, nutritional support, and supplemented by bifidobacterium lactobacilli triple live bacteria to improve intestinal flora and maintain intestinal microenvironment balance, but the ideal intervention effect cannot be achieved [114].
		6b) Precise description of the control or comparator. If other forms of massage or massage like control methods are used, please provide details of items 1 to 3 above.	Q21. Whether the precise description of the control or comparator interventions was described?	① "Fully reported" was considered if there was a precise description of the components of the control or comparator interventions. For example operation on non-acupuncture points or non-meridian areas, or operation with ineffective or slight force, or the information of preparation, production, quality control and safety assessment of the sham massage device. ② "Partially or not reported" was considered if there was no precise description of the components of the	1. Combined routine care: Including dietary guidance and exercise guidance for patients. ① Dietary guidance: Guide the patient to eat foods rich in vitamins and cellulose, in order to promote digestion, the food can be mashed, prohibit eating gas-producing foods, prevent abdominal distension and discomfort, while avoiding eating spicy and irritating foods, ensure water intake, and develop the habit of regular defecation every day. ② Exercise guidance: After the patient's condition is stable, the patient is encouraged to get out of bed as soon as possible for 2-3h, and the patient can perform abdominal functional exercise in bed during bed to promote intestinal peristalsis [113].

				control or comparator interventions. ③ “Not applicable” was not identified in this item.	2. Combination of Western medicine and conventional treatment: The control group received conventional treatment. Including nutritional support, insulation and moisturizing, rehydration, oxygen inhalation and other measures; 30 min before feeding, 500 mg of bifidobacterium lactobacillus triple live bacteria was added into 3 mL of warm milk. After dissolving, the liquid was dropped into the mouth of the child through an eyedropper, 3 times a day, for 10 days [114].
7	Precaution measures	7) Precautionary measures to prevent adverse events from Tuina/Massage, including criteriaforstopping/withdrawing from the intervention, if any.	Q22. Whether the precautionary or managerial measures to adverse events (e.g., skin bruises, fainting, vomiting, etc.) were reported?	① “Fully reported” was considered if there was information related to the precautionary measures or management of adverse events, or “No adverse events occurred” was reported. For example, what types of adverse events might occur or how adverse events might be avoided or managed, what types of adverse events and how they were dealt with were reported in the results, etc. ② “Partially or not reported” was considered if there was no information about the precautionary or managerial measures to adverse events in the article. ③ “Not applicable” was not	1. Record adverse reactions: In the course of treatment, no adverse events that may occur in massage therapy, such as syncope and ecchymosis at the massage site, occurred in the 2 groups of patients (refer to "Massage Science" [102].

				identified in this item.	

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3.4 SOP for quality assessment of cupping RCTs

No.	Section/topic	Extension items	Questions for assessment	Definition of Fully reported (scored as 1), Partially or not reported (scored as 0), and Not applicable (NA)	Examples of "fully reported"
1	Cupping rationale	1a) Style of cupping (e.g., Chinese medicine, dry cupping, wet cupping, etc)	Q1. Whether the style of cupping was reported?	① "Fully reported" was considered if the reader can determine the style of cupping in the article, such as flash cupping, retained cupping, sliding cupping, medicated cupping, cupping with needle retention, bloodletting puncture with cupping, hydro-cupping, dry cupping, wet cupping, etc. ② "Partially or not reported" was considered if there was only cupping in the article, or it was difficult to judge the style of cupping. ③ "Not applicable" was not identified in this item.	1. Comparison of curative effect between bloodletting therapy with collateral puncture and cupping and acupuncture on acute gouty arthritis [2]. 2. Clinical Study on Treatment of Chronic Fatigue Syndrome by Balanced Cupping [5]. 3. To explore the curative effect of traditional Chinese medicine nursing intervention of "sucking sha and moving cupping" on children's exogenous fever [13].
		1b) Reasoning for cupping provided, based on historical context, literature sources, and/or consensus methods,	Q2. Whether the reason/rationale about cupping intervention for the disease was reported in the	④ "Fully reported" was considered if the rationale about cupping intervention for the disease was reported in the Background/Introduction. For example, the	4. According to the traditional Chinese medicine theory, AGA is caused by the dysfunction of spleen and kidney function[4], which leads to the

		with references where appropriate	Background/Introduction?	cupping selection would be based on theories, consensuses, previous research findings, pilot studies, and so on. ⑤ "Partially or not reported" was considered if there were only descriptions about the characteristics of the disease and cupping, without the relationship between them in the Background/Introduction. ⑥ "Not applicable" was not identified in this item.	accumulation of dampness, heat toxicity, phlegm and blood stasis in the joint, and then the obstruction of qi and blood of the meridian. Clinical data show that traditional Chinese medicine treatment AGA has a good effect, can timely improve the patient's pain symptoms and joint mobility function. Both cupping therapy and acupuncture therapy can improve AGA symptoms [2]. 5. Western medicine mainly focuses on anti-infection and symptomatic treatment, which can control the disease, but can not solve the problem of easy recurrence of the disease. Traditional Chinese medicine gives full play to its own advantages, in addition to oral drug therapy, often supplement external treatment, internal and external treatment, external and internal harmonization, among which, acupuncture cupping method is more commonly used. Pricking and cupping can accelerate the relief of symptoms, shorten the course of the disease, and achieve the effect of eliminating evil without damaging its positive effect. At

					the same time, it can also play the effect of "treating no disease" to prevent recurrence [7].
			Q3. If the rationale about cupping intervention for the disease was “Fully reported” in the Background/Introduction (Q2), whether the relevant references were provided?	① “Fully reported” was considered if the relevant citations were provided, such as previously published clinical evidence(s), biomedical experiment findings, pilot studies, systematic review, website, or supplementary materials. ② “Partially or not reported” was considered if there was no reference. ③ “Not applicable” referred to that the rationale about cupping intervention for the disease was “Partially or not reported” in the Background/Introduction (Q2).	4. As a special treatment of Shanghai style Chinese medicine "Yang's acupuncture", cupping has unique advantages for qi stagnation and blood stasis [6-7] [3]. 5. Prick blood cupping therapy is a combination of the above two treatment methods. After acupuncture bleeding, the cupping is adsorbed to the bleeding point, which can increase the amount of bleeding and enhance the therapeutic effect, and has been widely used in the treatment of various clinical diseases [3] [4].
		1c) Whether the cupping treatment is individualized or not	Q4. Whether the cupping treatment was individualized was reported?	① “Fully reported” was considered if the reader can identify the cupping treatment was individualized (partially or fully) for different participants in the article. Generally, it was presented as follows: individualized treatment, syndrome differentiation, modification of treatment according to symptoms, different treatment for the elderly/children/menstrual women, or other expressions with similar meanings. ② “Partially or not reported” was considered	1. At the acupoints, Dahui, shoulder well, C5-C7 neck pinch spine, Tianzong, shoulder Wai Shu were taken with the positive sensitive points (along the Du vein and foot sun bladder through the two meridians, and followed, palpated, pressed, cut and other methods, where there was induration under the skin, or there was a cord in the skin, or there was blood on the cut skin, or there was pain or pain aggravated by pressing [3].

				if it did not report whether the cupping treatment was standardized or individualized in the article. ③ "Not applicable" referred to that a standardized procedure of cupping was reported in the article.	
			Q5. If the individualized cupping treatment was "Fully reported" (Q4), whether the possible variations for individualized were described?	① "Fully reported" was considered if the possible variations for individualized were described. For example, variations may include the selection of point or treatment area, the power of suction, types and sizes of cups, materials inside cups, or treatment protocol based on different individual's constitutions. ② "Partially or not reported" was considered if only "individualized treatment" was mentioned and it was not clear how to operate. ③ "Not applicable" referred to that the individualized cupping treatment was scored as "Partially or not reported" or "Not applicable" in Q4.	1. If the symptoms of both groups disappear completely, the treatment can be stopped in advance (that is, the treatment times can be less than 6 times) [3]. 2. If the female subject was in her menstrual period, the treatment would be suspended and postponed for one week [10].
			Q6. If the individualized cupping treatment was "Fully reported" (Q4), whether the reason/rationale was	① "Fully reported" was considered if the underlying rationale about individualized cupping treatment for the disease was reported in the article.	1. Twelve hours correspond to twelve meridians, when the qi and blood flow to a certain zang-fu meridians belong to, it is the most vigorous function of the zang-fu

			reported?	② "Partially or not reported" was considered if the reason of individualized cupping selection was not mentioned in the article. ③ "Not applicable" referred to that the individualized cupping treatment was scored as "Partially or not reported" or "Not applicable" in Q4.	meridians every day, such as the most vigorous function of the stomach meridian of Chen Yang Ming, the most vigorous function of the spleen meridian of the foot Taiyin, the most vigorous function of the bladder meridian of the foot sun. At this time, cupping can fully combine the Yang of heaven and earth with the human body, promote the balance of stomach lifting and receiving function, and slow down the qi [12].
2	Details of cupping	2a) Patient posture during the cupping	Q7. Whether the patient posture during the cupping treatment was reported?	① "Fully reported" was considered if there was information related to the position/posture of the patient during the treatment, such as prone, sitting, or lying sideways. It was also considered as "Fully reported" if authors reported "Any position was acceptable as long as the patient was comfortable", "There were no special requirements for position/posture", or other expressions with similar meanings. ② "Partially or not reported" was considered if there was no information about patient position/posture. ③ "Not applicable" was not identified in this item.	1. For choosing a comfortable position, prone position was recommended (the human body was relatively relaxed, and the liquid medicine could in full contact with the human skin) [1].
		2b) Devices used for cupping,	Q8. Whether the devices used	① "Fully reported" was considered if there	2. The treatment group was given a new

		such as type of cupping set, size, manufacturer, and material (e.g., herbal, needle, moxa, water) inside the cup, if any	for cupping were reported?	was information related to the devices used for cupping, including the materials (e.g., plastic, glass, rubber, bamboo, ceramic, metal, and silicone), size (e.g., mean or range of diameter where relevant), product name and manufacturer, or materials inside cups. ② "Partially or not reported" was considered if there was no information about cupping devices. ③ "Not applicable" was not identified in this item.	type of characteristic water medicine tank treatment. Tank: According to the national utility model patent (patent name: a water medicine tank, patent number: ZL 2017 2 0239607. 4) The production of new characteristic water medicine tank, see Figure 1 [1].  图 1 新型特色水药罐构造图
		2c) Name and number of acupoints/meridians/locations (if no official name) used for cupping	Q9. Whether the name of acupoints/meridians/locations (if no official name) used for cupping was reported?	① "Fully reported" was considered if there was information related to the name of acupoints/meridians/locations (if no official name) , such as standard nomenclature for acupoints (e.g., LR10) and/or meridians (e.g., conception vessel), anatomical location, etc. It was also considered as "Fully reported" if authors reported "The pain site was selected for cupping treatment", or other expressions with similar meanings.	1. Cupping site: Dazhui (the depression under the spinous process of the seventh cervical vertebra) and the inner upper corner of the bilateral scapula, a total of 3 cupping were performed [1]. 2. Acupoint selection: Zhongwan, Shenque, Tianshu (bilateral), Guanyuan, Daimai (bilateral) [10].

				② “Partially or not reported” was considered if there was no information or obvious errors about the name of cupping acupoints/meridians/locations. ③ “Not applicable” was not identified in this item.	
			Q10. Whether the number of acupoints/meridians/locations (if no official name) used for cupping was reported?	① “Fully reported” was considered if there was information related to the number of acupoints/meridians/locations (if no official name). For example, whether the cuppings were applied unilaterally or bilaterally, the total number of treated points with cupping per subject per session, or the mean/range of points’ numbers selected across all participants. ② “Partially or not reported” was considered if there was no information or obvious errors about the number of cupping acupoints/meridians/locations. ③ “Not applicable” was not identified in this item.	1. Cupping site: Dazhui (the depression under the spinous process of the seventh cervical vertebra) and the inner upper corner of the bilateral scapula, a total of 3 cupping were performed [1]. 2. Acupoint selection: Zhongwan, Shenque, Tianshu (bilateral), Guanyuan, Daimai (bilateral) [10].
		2d) Number of cupping units and/or cupping time per location (mean or range where relevant)	Q11. Whether the number of cupping units per location (mean or range where relevant) was reported?	① “Fully reported” was considered if there was information related to the number of cupping units per location. For example, the total number of cups used per subject per session, the “mean±standard deviation” or “median and range” of numbers across all	1. Cupping site: Dazhui (the depression under the spinous process of the seventh cervical vertebra) and the inner upper corner of the bilateral scapula, a total of 3 cupping were performed [1]. 2. Selection the number (20 to 30cups in

				participants, or readers can understand how to calculate the number of cupping units per location. ② "Partially or not reported" was considered if there was no information or obvious errors about the number of cupping units per location. ③ "Not applicable" was not identified in this item.	total) and size of bamboo cups according to the prescription of doctor and the patient's size [10].
			Q12. Whether the cupping time per location (mean or range where relevant) was reported?	① "Fully reported" was considered if there was information about the duration time of cupping per point in one session, either a "mean±standard deviation" or "median and range". The duration time referred to the time between the production of suction on the skin and removal of cups (retention time). ② "Partially or not reported" was considered if there was no information or obvious errors about the cupping time per location. ③ "Not applicable" was not identified in this item.	1. Keep the tank for 10 minutes, and add a pressure after 5 minutes of cupping, the treatment effect is better [1]. 2. With a disposable blood glucose sampling needle, the blood was quickly pricked and let go for 2 min. Then use the appropriate size of the cupping in the bleeding part of the cupping, leave the pot for 6–10 minutes [2].
		2e) Procedure and technique for cupping (e.g., weak/light cupping, medium cupping, strong cupping, moving cupping, light-moving cupping,	Q13. Whether the procedure and technique for cupping were described?	① "Fully reported" was considered if readers can identify how the cupping procedure and technique were performed, or the cupping procedure without special technique was clearly descried.	1. The research group performed puncture and cupping and bloodletting therapy, patted the patient's diseased joint, disinfected the patient with iodophor disinfection cotton swab after obvious

		needle cupping, hot needle and moxa cupping, empty/flash cupping, bleeding/wet/full cupping, herbal cupping, water cupping and ice cupping)		② "Partially or not reported" was considered if there was no information or obvious errors about the procedure and technique for cupping. For example, only the type or name of the cupping was reported, with no specific description of how it was performed. ③ "Not applicable" was not identified in this item.	local congestion, and stabbed and bloodletting the patient quickly with disposable blood glucose sampling needle for 2 min. Then, appropriate sized cupping was used at the bleeding part, and the cupping was left for 6–10 minutes to control the bleeding amount of about 5 mL. After cupping, iodophor cotton swabs were used again to disinfect the prick site. For the diseased parts that cannot be cupped, squeeze them and inform the patients not to touch water after surgery. On day 1, day 3, day 5, day 7, acupuncture cupping method was given. The two groups of patients were required to cooperate with diet control to reduce the intake of high purine foods after surgery [2].
		2f) Responses sought from participants (e.g., warm feeling, skin reddening, cupping mark, etc.)	Q14. Whether the responses sought from participants (e.g., warm feeling, skin reddening, cupping mark, etc.) was reported?	① "Fully reported" was considered if there were descriptions of responses from participants, either the expected responses or the actual responses. It was also considered as "Fully reported" if authors reported "No special response was found", "All participants responded normally", or other expressions with similar meanings.	2. During the cupping process, the suction force could be properly adjusted through the air gun to make the patient feel appropriate pain [1].

				② “Partially or not reported” was considered if there was no description of participants responses. ③ “Not applicable” was not identified in this item.	
		2g) Precautionary measures to adverse events (e.g., skin blister, scald, or bleeding), and management, if any	Q15. Whether the precautionary or managerial measures to adverse events (e.g., skin blister, scald, or bleeding) were reported?	① “Fully reported” was considered if there was information related to the precautionary measures or management of adverse events, or “No adverse events occurred” was reported in the article. For example, what types of adverse events might occur or how adverse events might be avoided or managed, what types of adverse events and how they were dealt with were reported in the Results, etc. ② “Partially or not reported” was considered if there was no information about the precautionary or managerial measures to adverse events in the article. ③ “Not applicable” was not identified in this item.	1. It is normal to feel itchy and slightly painful. During the operation, observe the burning of moxa wick inside the dragon tank. If the heat is not tolerated, the temperature should be controlled by wiping the edge of the tank mouth with wet cotton ball in time. In the treatment process, the patient's expression must be always paid attention to to ensure that moxibustion is always in a warm state to avoid scalding the patient [6].
3	Treatment regimen	3)Number, frequency and duration of the cupping sessions	Q16. Whether the number, frequency and duration of the cupping sessions were reported?	① “Fully reported” was considered if there was information related to the number, frequency and duration of the cupping sessions, either planned or actual. ② “Partially or not reported” was considered if there was no or insufficient information about the number, frequency and	1. The above treatments were given twice a week for 30 days, a total of 8 times [10].

				duration of the cupping sessions. ③ "Not applicable" was not identified in this item.	
4	Other components of treatment	4a) Details of other interventions administered to the cupping group (e.g., acupuncture, moxibustion, massage, herbs, exercises, lifestyle advice)	Q17. Whether the details of other interventions administered to the cupping group were described?	① "Fully reported" was considered if there was information related to the details of other interventions administered to the cupping group, such as acupuncture, moxibustion, massage, herbs, exercises, or lifestyle advice, either carried out by the treatment provider or the patient. ② "Partially or not reported" was considered if there was no or insufficient information about the details of other interventions administered to the cupping group. ③ "Not applicable" referred to that the intervention/experiment group received only cupping treatment.	1. The children in the routine group were given routine nursing care. After admission, the nurses measured the temperature of the children, collected the information of the children, disinfected the ward of the children, and adjusted the indoor temperature to about 27℃. The temperature of the child should be measured every 4 hours and the patient should be given intensive care, and the changes in the child's face and consciousness should be observed. If there is any abnormality, appropriate emergency measures should be taken, and the doctor should be informed if necessary. According to the degree of high fever of the child and whether there are complications, a fence should be set at the bedside of the child to avoid the occurrence of crying or falling out of bed during sleep. Children in the experimental group were given intervention nursing of honey bud gua Sha on the basis of routine nursing [8].

		4b) Setting and instruction of treatment to the cupping providers and the participants	Q18. Whether the setting or environment where the treatment was performed was reported?	① "Fully reported" was considered if there was information related to the setting(s) where the treatments was performed, such as hospitals, private clinics, patients' homes, or the environment conditions (e.g., temperature, light, etc.). ② "Partially or not reported" was considered if there was no information about the setting or environment where the treatment was performed. ③ "Not applicable" was not identified in this item.	2. Balanced cupping therapy: keep warm and keep the room temperature at 25 ℃ [5].
			Q19. Whether the instruction of treatment to the cupping providers or the participants was reported?	① "Fully reported" was considered if there was information related to the instruction of treatment to the cupping providers or the participants, including informed consent, the purpose of the trial, inclusion criteria, groupings and intervention allocation, potential outcomes, adverse effects, the description about the sham cupping control, etc. ② "Partially or not reported" was considered if there was no information about the instruction of treatment to the cupping providers or the participants. ③ "Not applicable" was not identified in this item.	1. This study has passed the ethics review of the Ethics Committee of Shanghai Xuhui Central Hospital, and the ethics approval number is (2019) Section Review No. (099). Volunteer to participate in this experiment and sign the informed consent [1].

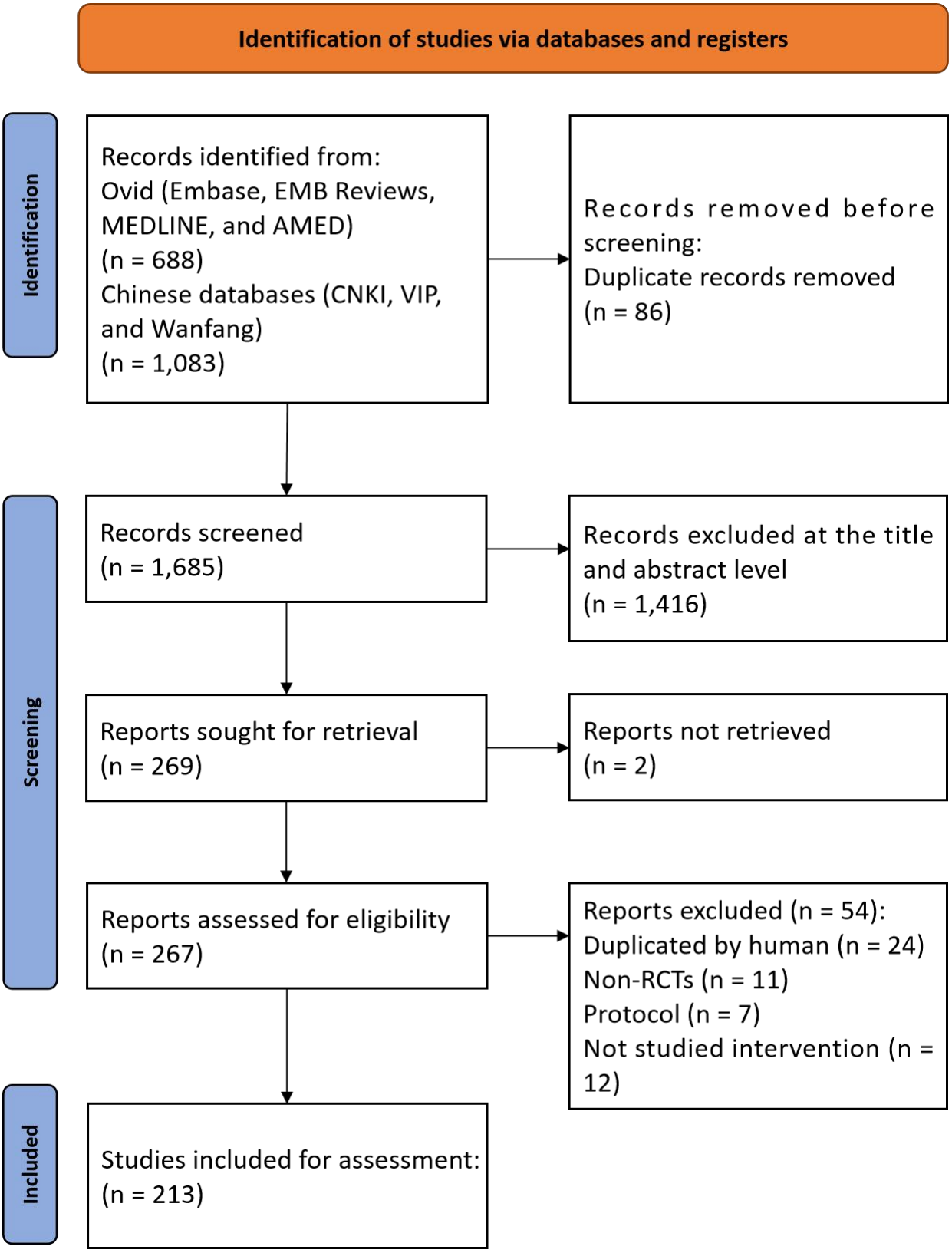
5	Treatment provider background	5) Description of treatment provider(s) (qualification or professional affiliation, years in cupping practice, and other relevant experience for professional)	Q20. Whether the characteristic of cupping treatment(s) provider was described?	① "Fully reported" was considered if there was description of treatment provider(s), such as qualification or professional affiliation, years in cupping practice, other relevant experience for professional, any training in advance for non-specialists (e.g., family members, patients self-provided treatment), or any other measures used for standardizing the treatment regimens. ② "Partially or not reported" was considered if there was no information about the qualifications or background of treatment provider(s), or training for non-specialists. ③ "Not applicable" was not identified in this item.	1. All acupuncture operations were performed by 2 acupuncturists with more than 10 years of clinical experience [3].
6	Control or comparator of cupping	6a) Rationale for the choice of control or comparator of cupping	Q21. Whether the rationale for the choice of control or comparator interventions was reported?	① "Fully reported" was considered if there was information related to the rationale for the choice of control or comparator interventions (e.g., placebo, sham cupping, active, different cupping regimens, routine care, other CM interventions, no treatment). ② "Partially or not reported" was considered if there was no information about the rationale for the choice of control or comparator interventions. ③ "Not applicable" was not identified in this item.	1. The conventional clinical treatment methods are mainly lactulose oral solution, Hopu oral solution or traditional Chinese medicine. In severe cases, fasting, enema, oral laxatives, rehydration, gastrointestinal decompression, etc. But many frail sufferers cannot tolerate it [6]. 2. Cupping can reduce inflammatory factors such as IL-6 and TNF-α and intracolipids, increase brain-derived neurotrophic factor and increase the anti-

					inflammatory factor interleukin-10 , while cupping can reduce the risk of inflammation. Cupping through the effect of negative pressure, the pot is drawn on the skin, so that local capillaries dilated, blood oxygen content increased, accelerate metabolism, so as to achieve weight loss and anti-inflammatory effects [10].
		6b) Precise description of the control or comparator. If another form of cupping or cupping-like control is used, provide details as for Items 1 to 3 above.	Q22. Whether the precise description of the control or comparator interventions was described?	① "Fully reported" was considered if there was precise description of the components of the control or comparator interventions. For example, if the control is a cupping-like intervention, whether it is a change in the design of a device (e.g., a hole on the surface of the cup) to produce little or no negative pressure or whether adhesive is applied between the cup and skin, or the information of preparation, production, quality control and safety assessment of the sham cupping device. ② "Partially or not reported" was considered if there was no precise description of the components of the control or comparator interventions. ③ "Not applicable" was not identified in this item.	1. Give routine care, ask to drink more water, guide to eat moistening intestine and crude fiber diet, such as celery, dragon fruit, banana, leek and other green vegetables and fruits, if necessary, give oral laxative drug treatment, such as ltose solution and Magnolia oral liquid [6]. 2. Intervention measures of the control group: the cupping method was adopted, acupuncture points were selected with the observation group, pot No. 2 or No. 4 was used, and the cupping was drawn on the skin at the acupoint by flash fire method, and the cupping was lifted after standing for 15 minutes. The above treatment was twice a week for 30 days, a total of 8 times; If the female subject is

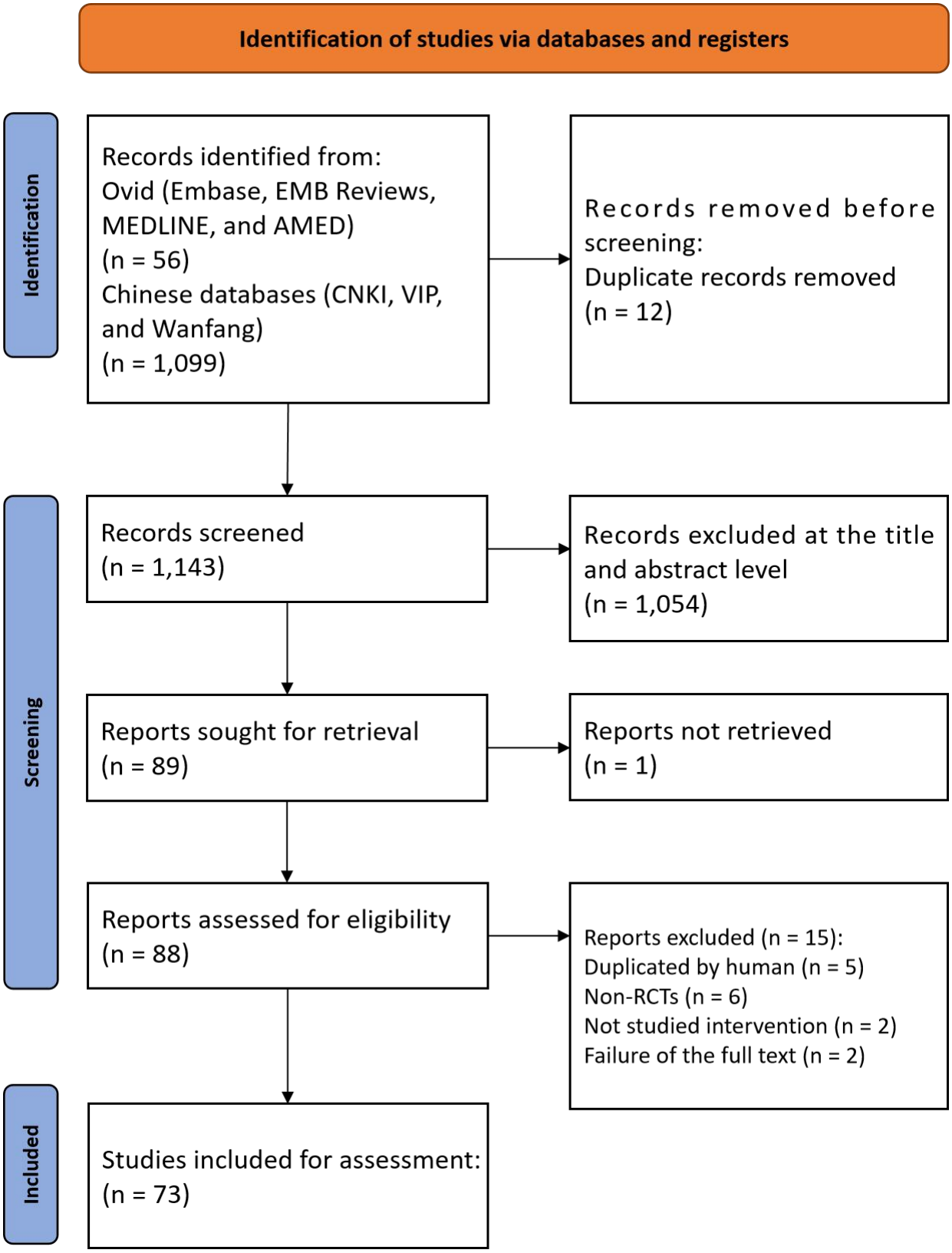
					menstruating, the treatment is suspended for one week and delayed [10].

Supplementary file 4: Individual flow chart of the search and selection process

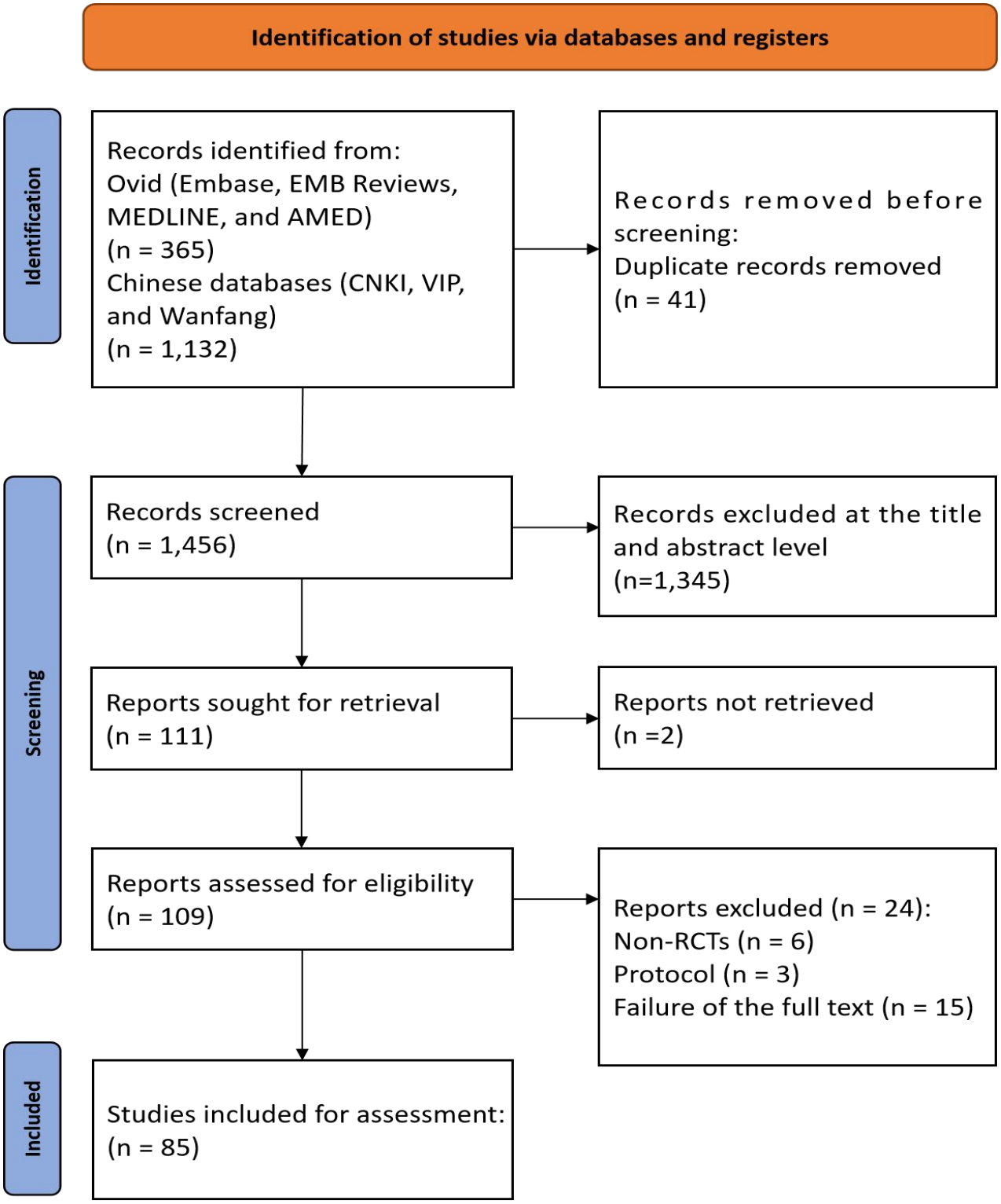
4.1 Flow chart of the search and selection process for acupuncture RCTs



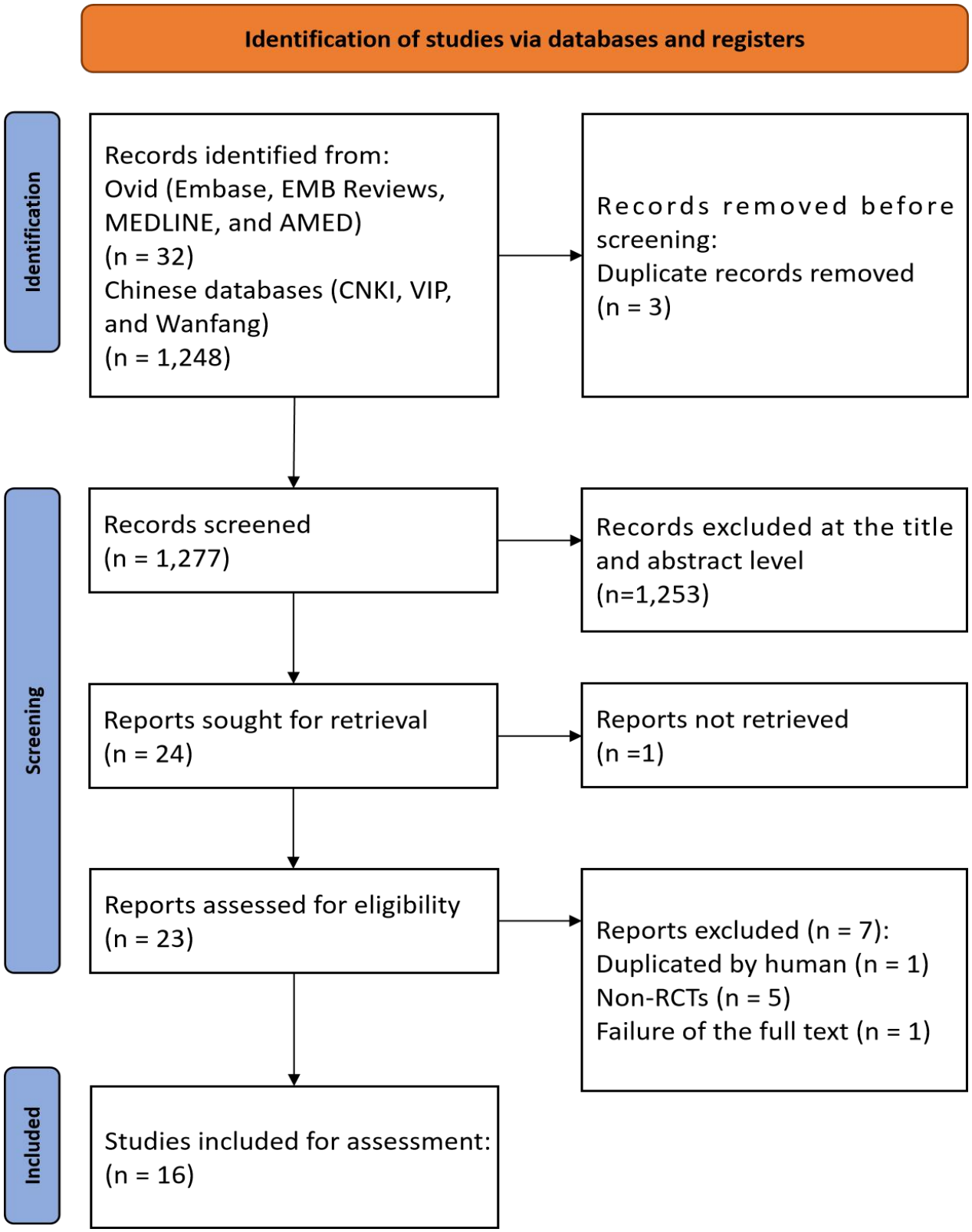
4.2 Flow chart of the search and selection process for moxibustion RCTs



4.3 Flow chart of the search and selection process for Tuina/massage RCTs



4.4 Flow chart of the search and selection process for cupping RCTs



Supplementary file 5: List of the included RCTs

1. 牛燕霞，李建萍，杨建梅，胡艳美，王茜，陈薇薇，等. 新型特色水药罐治疗颈型颈椎病临床研究. 河南中医. 2022;42(05):758-62.
2. 王永忠，叶俊玲. 刺络拔罐放血疗法与针刺治疗急性痛风性关节炎的疗效对比. 中医临床研究. 2022;14(6):134-6.
3. 王佳，王文礼，沈卫东. 基于杨氏模量值絮刺拔罐治疗气滞血瘀型神经根型颈椎病疗效观察. 中国针灸. 2022;42(12):1363-7.
4. 姜良花. 刺血拔罐疗法治疗气滞血瘀型耳鸣患者的临床效果及对其平均听阈值的影响. 反射疗法与康复医学. 2022;3(14).
5. 张维维. 平衡火罐治疗慢性疲劳综合征临床研究. 辽宁中医杂志. 2022;49(12).
6. 陈燕旋，秦红连. 火龙罐治疗改善脊柱骨科患者术后早期腹胀排便困难的临床疗效. 内蒙古中医药. 2022;41(2).
7. 刘岩，张雯，张宁，张宏贤，崔霞. 刺络拔罐治疗小儿急性扁桃体炎临床疗效观察. 现代中医临床. 2022;29(6).
8. 黄燕芳，游晓珊. 蜜芽罐刮痧在外感发热患儿高热期的护理干预效果实验. 智慧健康. 2022;8(31).
9. 张芳. 中药温灸罐治疗疲劳综合征疗效观察. 中文科技期刊数据库(全文版)医药卫生. 2022(9).
10. 岑园园，张嘉殷，陈泽林，陈波，公一囡，张靖宇，等. 拔罐之推拿罐干预单纯性腹型肥胖的临床研究. 中医学报. 2022;37(06):1311-5.
11. 陈美仁，郭翔，陈慧敏，陈秘密，康永清. 扶阳罐温推温灸技术治疗失眠脾胃不和证的疗效观察. 中医药导报. 2022;28(10):68-70,84.
12. 姚芮，陈柘芸，石丹梅，廖子鹏，杨芳，吕艳. 子午流注择时中药拔罐在痰湿中阻型胃痞患者中的干预效果. 中国民间疗法. 2022;30(22):30-3.
13. 刘锐. "吸痧走罐"对小儿外感发热的中医护理干预疗效观察研究. 婚育与健康. 2022;28(5):5-6.
14. 修英. 刺血拔罐治疗心血瘀阻型冠心病心绞痛的临床研究. 中国实用医药. 2022;17(10):141-3.
15. 侯延巍，李晓，刘蕊，杨洁. 平衡火罐疗法干预带状疱疹后神经痛的临床观察. 中国民间疗法. 2022;30(12):48-50.
16. 靳杨，姚静松，李艳平，耿秀苹. 刺络拔罐肺俞穴对痰热壅肺型风温肺热病咳嗽的应用效果. 淮海医药. 2022;40(6):637-40.

17. 庄秋凤，梁宇，王军惠. 敦煌灸法治疗小儿急性腹泻的效果研究. 当代医药论丛. 2022;20(17).

18. 杨一帆，张付荣. 妇科艾灸器治疗寒湿凝滞型原发性痛经疗效观察. 临床医学进展. 2022;12(1).

19. 宋琳. 中医艾灸护理在提高消化不良的护理效果分析. 中文科技期刊数据库（全文版）医药卫生. 2022(2).

20. 林晓红，时新萍，王明航，杨江，李素云，李建生. 益肺灸灸治时长对慢性阻塞性肺疾病临床疗效的优化研究及适宜性评价. 中国全科医学. 2022;25(33).

21. 曹贞，陈超，徐亮亮，朱思行，陈磊. 严氏太阳灶燎五藏灸治疗良性前列腺增生症的临床观察. 中文科技期刊数据库（引文版）医药卫生. 2022(6).

22. 刘红芳，刘丽情，黄秋莲，郑进福，张利娟. 督脉灸对肾虚血瘀型腰椎间盘突出症针刺后的临床护理效果分析. 中文科技期刊数据库（全文版）医药卫生. 2022(1).

23. 龙红慧，贺成功，崔倩倩，梁猛军，蔡圣朝，赵平. 按摩灸辅助治疗周围性面瘫 26 例临床观察. 甘肃中医药大学学报. 2022;39(5).

24. 张颖，梁丹，陈清霞，潘清洁，高修安. 改良火龙灸治疗肾阳虚型乳腺癌癌因性疲乏的临床研究. 黑龙江中医药. 2022;51(1):357-9.

25. 周玲，郝义彬，王大忠，刘玮玮，谢长才，付利然. 基于互联网模式对感染新型冠状病毒出院患者灸法指导干预效应研究. 中医临床研究. 2022;14(27):44-7.

26. 陈淑芬，夏姜. 改良版督脉灸治疗寒湿型腰痛临床观察. 光明中医. 2022;37(8):1444-6.

27. 梁慧，张建英. 铺药任脉灸治疗女性肝郁气滞型黄褐斑的临床观察. 中医外治杂志. 2022;31(4):95-7.

28. 周论平. 周期序贯雷火灸治疗原发性痛经疗效分析. 实用中医药杂志. 2022;38(2):296-8.

29. 于丽娜. 四花穴隔药灸治疗消化道肿瘤术后胃瘫疗效分析. 中外医疗. 2022;41(8):190-3.

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Supplementary file 6: Details of characteristics of included RCTs

6.1 Journal type

Journal type	Acupuncture n (%)	Moxibustion n (%)	Tuina/Massage n (%)	Cupping n (%)	Total n (%)
English journal (SCIE & ESCI), with impact factor <2 or none	5 (1.3)	1 (0.3)	2 (0.5)	0	8 (2.1)
English journal (SCIE & SSCI), with impact factor 2-3	9 (2.3)	1 (0.3)	3 (0.8)	0	13 (3.4)
English journal (SCIE), with impact factor >3	8 (2.1)	0	3 (0.8)	0	11 (2.8)
Chinese core journal	25 (6.5)	3 (0.8)	1 (0.3)	1 (0.3)	30 (7.8)

6.2 Distributions of corresponding authors

Distributions of corresponding authors	Acupuncture n (%)	Moxibustion n (%)	Tuina/Massage n (%)	Cupping n (%)	Total n (%)
China	202 (52.2)	73 (18.9)	77 (19.9)	16 (4.1)	368 (95.1)
South Korea	4 (1.0)	0	0	0	4 (1.0)
USA	2 (0.5)	0	1(0.3)	0	3 (0.8)
Iran	0	0	2 (0.5)	0	2 (0.5)
Spain	1 (0.3)	0	1 (0.3)	0	2 (0.5)
Austria	1 (0.3)	0	0	0	1 (0.3)
Egypt	0	0	1 (0.3)	0	1 (0.3)
Germany	1 (0.3)	0	0	0	1 (0.3)
Indonesia	1 (0.3)	0	0	0	1 (0.3)
Lebanon	0	0	1 (0.3)	0	1 (0.3)
Malaysia	0	0	1 (0.3)	0	1 (0.3)
Pakistan	1 (0.3)	0	0	0	1 (0.3)
Poland	1 (0.3)	0	0	0	1 (0.3)
Turkey	0	0	1 (0.3)	0	1 (0.3)

6.3 Type of disease/pattern(s)

Type of disease/pattern(s)	Acupuncture n (%)	Moxibustion n (%)	Tuina/Massage n (%)	Cupping n (%)	Total n (%)
15 Diseases of the musculoskeletal system or connective tissue	51 (13.2)	14 (3.6)	18 (4.7)	4 (1.0)	87 (22.5)

08 Diseases of the nervous system	59 (15.2)	7 (1.8)	6 (1.6)	3 (0.8)	75 (19.4)
21 Symptoms, signs or clinical findings, not elsewhere classified	35 (9.0)	7 (1.8)	17 (4.4)	2 (0.5)	61 (15.8)
26 Supplementary Chapter Traditional Medicine Conditions - Module I	22 (5.7)	17 (4.4)	13 (3.4)	8 (2.1)	60 (15.5)
13 Diseases of the digestive system	15 (3.9)	20 (5.2)	5 (1.3)	0	40 (10.3)
22 Injury, poisoning or certain other consequences of external causes	12 (3.1)	5 (1.3)	6 (1.6)	1 (0.3)	24 (6.2)
07 Sleep-wake disorders	16 (4.1)	2 (0.5)	1 (0.3)	1 (0.3)	20 (5.2)
18 Pregnancy, childbirth or the puerperium	2 (0.5)	2 (0.5)	13 (3.4)	0	17 (4.4)
12 Diseases of the respiratory system	4 (1.0)	5 (1.3)	5 (1.3)	1 (0.3)	15 (3.9)
06 Mental, behavioural or neurodevelopmental disorders	9 (2.3)	3 (0.8)	2 (0.5)	0	14 (3.6)
05 Endocrine, nutritional or metabolic diseases	6 (1.6)	3 (0.8)	3 (0.8)	1 (0.3)	13 (3.4)
09 Diseases of the visual system	10 (2.6)	1 (0.3)	1 (0.3)	0	12 (3.1)
16 Diseases of the genitourinary system	5 (1.3)	6 (1.6)	1 (0.3)	0	12 (3.1)
02 Neoplasms	4 (1.0)	6 (1.6)	1 (0.3)	0	11 (2.8)
11 Diseases of the circulatory system	2 (0.5)	2 (0.5)	4 (1.0)	1 (0.3)	9 (2.3)
01 Certain infectious or parasitic diseases	4 (1.0)	2 (0.5)	1 (0.3)	1 (0.3)	8 (2.1)
10 Diseases of the ear or mastoid process	2 (0.5)	0	1 (0.3)	1 (0.3)	4 (1.0)
14 Diseases of the skin	2 (0.5)	1 (0.3)	0	0	3 (0.8)
19 Certain conditions originating in the perinatal period	0	0	2 (0.5)	0	2 (0.5)
24 Factors influencing health status or contact with health services	1 (0.3)	0	1 (0.3)	0	2 (0.5)
20 Developmental anomalies	0	0	1 (0.3)	0	1 (0.3)

6.4 Type of CM pattern(s)

Type of CM pattern(s)	Acupuncture n (%)	Moxibustion n (%)	Tuina/Massage n (%)	Cupping n (%)	Total n (%)
Pattern(s) of qi stagnation and blood stasis	6 (1.6)	1 (0.3)	2 (0.5)	2 (0.5)	11 (2.8)
Pattern(s) of liver and kidney depletion	4 (1.0)	0	1 (0.3)	0	5 (1.3)

Pattern(s) of qi deficiency with blood stasis	3 (0.8)	0	1 (0.3)	0	4 (1.0)
Pattern(s) of wind and cold and dampness impediment	2 (0.5)	2 (0.5)	0	0	4 (1.0)
Pattern(s) of cold congealing and blood stasis	1 (0.3)	1 (0.3)	1 (0.3)	0	3 (0.8)
Pattern(s) of cold-dampness due to kidney deficiency	1 (0.3)	2 (0.5)	0	0	3 (0.8)
Pattern(s) of kidney yang deficiency	0	3 (0.8)	0	0	3 (0.8)
Pattern(s) of phlegm and dampness obstructing the middle	1 (0.3)	1 (0.3)	0	1 (0.3)	3 (0.8)
Pattern(s) of qi and blood depletion	2 (0.5)	0	1 (0.3)	0	3 (0.8)
Pattern(s) of qi deficiency	2 (0.5)	0	1 (0.3)	0	3 (0.8)
Pattern(s) of yang deficiency in spleen and stomach	0	0	0	3 (0.8)	3 (0.8)
Pattern(s) of blood stasis due to kidney deficiency	0	0	0	2 (0.5)	2 (0.5)
Pattern(s) of dual deficiency of spleen and kidney with stasis	2 (0.5)	0	0	0	2 (0.5)
Pattern(s) of heart and kidney failure in interaction	2 (0.5)	0	0	0	2 (0.5)
Pattern(s) of kidney essence depletion	1 (0.3)	1 (0.3)	0	0	2 (0.5)
Pattern(s) of phlegm and heat congesting in the lung	0	0	1 (0.3)	1 (0.3)	2 (0.5)
Pattern(s) of phlegm and stasis obstructing the internal	2 (0.5)	0	0	0	2 (0.5)
Pattern(s) of spleen and stomach deficiency	0	0	0	2 (0.5)	2 (0.5)
Pattern(s) of wind and phlegm blocking collaterals	2 (0.5)	0	0	0	2 (0.5)
Pattern(s) of yang deficiency	0	0	0	2 (0.5)	2 (0.5)
Pattern(s) of yang deficiency in spleen and kidney	0	0	0	2 (0.5)	2 (0.5)
Pattern(s) of blood stasis	1 (0.3)	0	0	0	1 (0.3)
Pattern(s) of blood stasis obstruction and stagnation	1 (0.3)	0	0	0	1 (0.3)
Pattern(s) of cold and dampness impeding and obstruction	1 (0.3)	0	0	0	1 (0.3)
Pattern(s) of cold congealing in the uterus	0	1 (0.3)	0	0	1 (0.3)
Pattern(s) of dampness and heat	1 (0.3)	0	0	0	1 (0.3)
Pattern(s) of dampness and heat accumulation and binding	1 (0.3)	0	0	0	1 (0.3)

Pattern(s) of dampness and heat obstruction and impediment	1 (0.3)	0	0	0	1 (0.3)
Pattern(s) of dual deficiency of the heart and spleen	1 (0.3)	0	0	0	1 (0.3)
Pattern(s) of impediment and obstruction due to blood stasis	1 (0.3)	0	0	0	1 (0.3)
Pattern(s) of intense exuberant heat toxin	0	0	0	1 (0.3)	1 (0.3)
Pattern(s) of intense exuberant liver fire	1 (0.3)	0	0	0	1 (0.3)
Pattern(s) of kidney deficiency	1 (0.3)	0	0	0	1 (0.3)
Pattern(s) of kidney qi insufficiency	0	1 (0.3)	0	0	1 (0.3)
Pattern(s) of liver and kidney insufficiency	0	0	1 (0.3)	0	1 (0.3)
Pattern(s) of liver blood deficiency	1 (0.3)	0	0	0	1 (0.3)
Pattern(s) of liver depression and spleen deficiency	1 (0.3)	0	0	0	1 (0.3)
Pattern(s) of milk and food retention and stagnation	0	0	1 (0.3)	0	1 (0.3)
Pattern(s) of phlegm and dampness obstructing the lung	0	1 (0.3)	0	0	1 (0.3)
Pattern(s) of phlegm and dampness retain in the internal	0	0	1 (0.3)	0	1 (0.3)
Pattern(s) of qi stagnation due to liver depression	0	0	1 (0.3)	0	1 (0.3)
Pattern(s) of spleen and stomach disharmony	0	0	0	1 (0.3)	1 (0.3)
Pattern(s) of spleen deficiency	1 (0.3)	0	0	0	1 (0.3)
Pattern(s) of spleen deficiency with dampness accumulation	1 (0.3)	0	0	0	1 (0.3)
Pattern(s) of spleen deficiency with dampness obstruction	1 (0.3)	0	0	0	1 (0.3)
Pattern(s) of spleen qi deficiency	0	0	0	1 (0.3)	1 (0.3)
Pattern(s) of stagnated liver qi transforming into fire	1 (0.3)	0	0	0	1 (0.3)
Pattern(s) of wind and cold attacking collaterals	1 (0.3)	0	0	0	1 (0.3)
Pattern(s) of wind and heat attacking the collaterals	1 (0.3)	0	0	0	1 (0.3)
Pattern(s) of yang deficiency with cold congealing	0	0	1 (0.3)	0	1 (0.3)

6.5 Type of controls

Type of controls	Acupuncture n (%)	Moxibustion n (%)	Tuina/Massage n (%)	Cupping n (%)	Total n (%)
Including placebo control	0	1 (0.3)	2 (0.5)	20 (5.2)	23 (5.9)
Solely WM as control	92 (23.8)	49 (12.7)	55 (14.2)	9 (2.3)	205 (53.0)
Solely CM as control	99 (25.6)	17 (4.4)	25 (6.5)	6 (1.6)	147 (38.0)
Integrated CM and WM	5 (1.3)	4 (1.0)	2 (0.5)	1 (0.3)	12 (3.1)
Blank or healthy as control	4 (1.0)	2 (0.5)	1 (0.3)	0	7 (1.8)

6.6 Classification of adverse effects in the control group

Classification of adverse effects in the control group	Acupuncture n (%)	Moxibustion n (%)	Tuina/Massage n (%)	Cupping n (%)	Total n (%)
Skin damage (e.g., rash, itching, etc.)	15 (4.1)	1 (0.3)	4 (1.0)	0	20 (5.4)
Digestive system damage (e.g., nausea, vomiting,diarrhoea, constipation, abnormal liver function, etc.)	17 (4.4)	5 (1.3)	3 (0.8)	0	25 (6.5)
Urinary system damage (e.g., hematuria, renal dysfunction, etc.)	0	1 (0.3)	0	0	1 (0.3)
Systemic damage (e.g., anaphylactic shock, fever, etc.)	20 (5.2)	3 (0.8)	3 (0.8)	0	26 (6.7)
No AE in the control group	7 (1.8)	0	0	1	8 (2.1)

* The number of AEs in the experimental and control groups was 151 from the 56 studies that reported the AEs. It exceeded 56 because more than one type of AE was reported in several studies. The percentage was based on the number of AEs in the experimental group 151.

Supplementary file 7：The inter-rater agreement rate of quality assessment

7.1 The inter-rater agreement rate of acupuncture quality assessment

No.	Section/topic	Extension items NO.	Q No.	Kappa	Agreement rate
1	Acupuncture rationale	1a	Q1	0.91	97.56%
		1b	Q2	0.844	92.68%
			Q3	0.845	90.24%
		1c	Q4	0.823	92.68%
			Q5	0.828	92.68%
			Q6	0.786	90.24%
2	Details of needling	2a	Q7	0.878	93.90%
		2b	Q8	0.82	91.46%
		2c	Q9	0.75	91.46%
		2d	Q10	0.746	92.68%
		2e	Q11	0.658	97.56%
		2f	Q12	0.556	90.24%
		2g	Q13	0.806	96.34%
3	Treatment regimen	3a	Q14	0.765	90.24%
		3b	Q15	0.84	95.12%
4	Other components of treatment	4a	Q16	0.883	93.90%
		4b	Q17	0.79	97.56%
			Q18	0.525	93.90%
5	Practitioner background	5	Q19	0.904	97.56%
6	Control and comparator interventions	6a	Q20	0.928	96.34%
		6b	Q21	0.471	92.68%

7.2 The inter-rater agreement rate of moxibustion quality assessment

No.	Section/topic	Extension items NO.	Q No.	Kappa	Agreement rate
1	Moxibustion rationale	1a	Q1	0.873	97.26%
		1b	Q2	0.918	95.89%
			Q3	0.956	97.26%
		1c	Q4	0.915	94.52%
			Q5	0.93	95.89%
			Q6	0.904	94.52%
2	Details of moxibustion	2a	Q7	0.892	95.89%
		2b	Q8	0.965	98.63%
		2c	Q9	0.883	95.89%
			Q10	0.685	94.52%
		2d	Q11	0.517	93.15%
		2e	Q12	0.881	94.52%

		2f	Q13	0.645	95.89%
3	Treatment regimen	3	Q14	0.408	93.15%
4	Other components of treatment	4a	Q15	0.887	93.15%
		4b	Q16	0.652	97.26%
			Q17	0.473	94.52%
5	Treatment provider background	5	Q18	0.818	97.26%
6	Control and comparator interventions	6a	Q19	0.931	97.26%
		6b	Q20	0.684	94.52%
7	Precaution measures	7	Q21	0.825	91.78%

7.3 The inter-rater agreement rate of Tuina/massage quality assessment

No.	Section/topic	Extension items NO.	Q NO.	Kappa	Agreement rates
1	Tuina/Massage rationale	1a	Q1	1.000	90.7%
		1b	Q2	0.865	83.7%
			Q3	0.792	83.7%
		1c	Q4	0.728	83.7%
			Q5	0.838	83.7%
			Q6	0.784	81.4%
2	Details of Tuina/Massage	2a	Q7	0.869	90.7%
		2b	Q8	1.00	86.0%
		2c	Q9	1.000	97.7%
			Q10	0.870	93.0%
		2d	Q11	0.839	86.0%
		2e	Q12	0.826	93.0%
			Q13	1.000	93.0%
		2f	Q14	0.961	83.7%
3	Intervention regimen	3	Q15	0.869	90.7%
4	Other components of intervention	4a	Q16	0.824	88.4%
			Q17	0.861	90.7%
		4b	Q18	1.000	100.0%
5	Tuina/Massage provider background	5	Q19	0.869	90.7%
6	Control or comparator interventions	6a	Q20	0.904	93.0%
		6b	Q21	0.823	90.7%
7	Precaution measures	7	Q22	1.000	100.0%

7.4 The inter-rater agreement rate of cupping quality assessment

No.	Section/topic	Extension items NO.	Q NO.	Kappa	Agreement rates
1	Cupping rationale	1a	Q1	1.000	100.0%
		1b	Q2	0.871	93.8%
			Q3	0.896	93.8%
		1c	Q4	0.719	81.3%
			Q5	0.721	81.3%
			Q6	0.669	81.3%
2	Details of cupping	2a	Q7	1.000	100.0%
		2b	Q8	0.818	93.8%
		2c	Q9	0.636	93.8%
			Q10	0.673	87.5%
		2d	Q11	0.600	87.5%
			Q12	1.000	100.0%
		2e	Q13	0.310	68.8%
		2f	Q14	0.765	93.8%
		2g	Q15	1.000	100.0%
3	Treatment regimen	3	Q16	0.871	93.8%
4	Other components of treatment	4a	Q17	0.889	93.8%
		4b	Q18	0.636	93.8%
			Q19	1.000	100.0%
5	Treatment provider background	5	Q20	0.448	87.5%
6	Control or comparator of cupping	6a	Q21	1.000	100.0%
		6b	Q22	0.765	93.8%

Supplementary file 8: Reporting quality assessment of acupuncture RCTs

Section/topic	Extension items	Questions for assessment	Fully reported, n(%)	Partially or not reported, n(%)	Not applicable, n(%)
1.Acupuncture rationale	1a) Style of acupuncture (e.g. Traditional Chinese Medicine, Japanese, Korean, Western medical, Five Element, ear acupuncture, etc)	Q1. Whether the style of acupuncture was reported?	164 (77.0)	49 (23.0)	-
	1b) Reasoning for treatment provided, based on historical context, literature sources, and/or consensus methods, with references where appropriate	Q2. Whether the reason/rationale about acupuncture intervention for the disease was reported in the Background/Introduction?	100 (46.9)	113 (53.1)	-
		Q3. If the rationale about acupuncture intervention for the disease was "Fully reported" in the Background/Introduction (Q2), whether the relevant references were provided?	73 (34.3)	27 (12.7)	113 (53.1)
	1c) Extent to which treatment was varied	Q4. Whether the acupuncture treatment was individualized was reported?	87 (40.8)	0	126 (59.2)
		Q5. If the individualized acupuncture treatment was "Fully reported" (Q4), whether the possible variations for individualized were described?	82 (38.5)	5 (2.3)	126 (59.2)
		Q6. If the individualized acupuncture treatment was "Fully reported" (Q4), whether the reason/rationale was reported?	47 (22.1)	40 (18.8)	126 (59.2)
2.Details of needling	2a) Number of needle insertions per subject per session (mean and range where relevant)	Q7. Whether the number of needle insertions per subject per session (mean or range where relevant) was reported?	136 (63.8)	77 (36.2)	-
	2b) Names (or location if no standard name) of points used (uni/bilateral)	Q8. Whether the names (or location if no standard name) of points used (uni/bilateral) for acupuncture were reported?	135 (63.4)	78 (36.6)	-

	2c) Depth of insertion, based on a specified unit of measurement, or on a particular tissue level	Q9. Whether the depth of insertion was reported?	168 (78.9)	45 (21.1)	-
	2d) Response sought (e.g. de qi or muscle twitch response)	Q10.Whether the responses sought from participants (e.g. de qi or muscle twitch response) was reported?	159 (74.6)	54 (25.4)	-
	2e) Needle stimulation (e.g. manual, electrical)	Q11. Whether the needle stimulation (e.g. manual, electrical) was described?	186 (87.3)	27 (12.7)	-
	2f) Needle retention time	Q12. Whether the needle retention time was reported?	192 (90.1)	21 (9.9)	-
	2g) Needle type (diameter, length, and manufacturer or material)	Q13. Whether the needle type reported (e.g. diameter, length, and manufacturer or material) was described?	188 (88.3)	25 (11.7)	-
3.Treatment regimen	3a) Number of treatment sessions	Q14. Whether the number of acupuncture treatment sessions was reported?	202 (94.8)	11 (5.2)	-
	3b) Frequency and duration of treatment sessions	Q15. Whether the frequency and duration of acupuncture treatment sessions reported?	195 (91.5)	18 (8.5)	-
4.Other components of treatment	4a) Details of other interventions administered to the acupuncture group (e.g. moxibustion, cupping, herbs, exercises, lifestyle advice)	Q16. Whether the details of other interventions administered to the acupuncture group were described?	129 (60.6)	6 (2.8)	78 (36.6)
	4b) Setting and context of treatment, including instructions to practitioners, and information and explanations to patients	Q17. Whether the setting or environment where the treatment was performed was reported?	10 (4.7)	203 (95.3)	-
		Q18. Whether the context of treatment to the acupuncture providers and the participants was reported?	188 (88.3)	25 (11.7)	-
5.Practitioner background	5)Description of participating acupuncturists (qualification or professional affiliation, years in acupuncture practice, other relevant experience)	Q19. Whether the characteristic of participating acupuncturists was described?	44 (20.7)	169 (79.3)	-

6.Control and comparator interventions	6a) Rationale for the control or comparator in the context of the research question, with sources that justify the choice	Q20. Whether the rationale for the choice of control or comparator interventions was reported?	116 (54.5)	97 (45.5)	-
	6b) Precise description of the control or comparator. If sham acupuncture or any other type of acupuncture-like control is used, provide details as for items 1 to 3 above.	Q21. Whether the precise description of the control or comparator interventions was described?	201 (94.4)	12 (5.6)	-

Supplementary file 9: Reporting quality assessment of moxibustion RCTs

Section/topic	Extension items	Questions for assessment	Fully reported, n(%)	Partially or not reported, n(%)	Not applicable, n(%)
1.Moxibustion rationale	1a) Type of moxibustion (e.g., direct moxibustion, indirect moxibustion, heat-sensitive moxibustion, moxa burner moxibustion, natural moxibustion)	Q1. Whether the style of moxibustion was reported?	65 (89.0)	8 (11.0)	-
	1b) Reasoning for treatment provided, based on historical context, literature sources, and/or consensus methods, with references where appropriate	Q2. Whether the reason/rationale about moxibustion intervention for the disease was reported in the Background/Introduction?	40 (54.8)	33 (45.2)	-
	1c) Extent to which treatment was varied	Q3. If the rationale about moxibustion intervention for the disease was “Fully reported” in the Background/Introduction (Q2), whether the relevant references were provided?	28 (38.4)	12 (16.4)	33 (45.2)
		Q4. Whether the moxibustion treatment was individualized was reported?	16 (21.9)	30 (41.1)	27 (37.0)
		Q5. If the individualized moxibustion treatment was “Fully reported” (Q4), whether the possible variations for individualized were described?	9 (12.3)	37 (50.7)	27 (37.0)
		Q6. If the individualized moxibustion treatment was “Fully reported” (Q4), whether the reason/rationale was reported?	8 (11.0)	38 (52.1)	27 (37.0)
2.Details of moxibustion	2a) Materials used for moxibustion (e.g., moxa floss, moxa cone, moxa stick, herbal patches, and their sizes and manufacturers)	Q7. Whether the materials used for moxibustion was reported?	56 (76.7)	17 (23.3)	-

	2b) Names of acupoints (or location if no standard name) for moxibustion (uni/bilateral)	Q8. Whether the name and number (uni/bilateral) of acupoints/locations used for moxibustion was reported?	53 (72.6)	20 (27.4)	-
	2c) Number of moxibustion units and/or moxibustion time per point (mean and range where relevant)	Q9. Whether the number of moxibustion units per point (mean or range where relevant) was reported?	58 (79.5)	15 (20.5)	-
		Q10.Whether the time of moxibustion units per point (mean or range where relevant) was reported?	67 (91.8)	6 (8.2)	-
	2d) Procedure and technique for moxibustion (e.g., direct/indirect, warming/sparrow-pecking technique, warming needle, moxa box, heat-sensitive moxibustion)	Q11.Whether the procedure and technique for moxibustion were described?	65 (89.0)	8 (11.0)	-
	2e) Responses sought (e.g., warm feeling, skin reddening, burning pain, heat-sensitization phenomenon)	Q12. Whether the responses sought from participants (e.g., warm feeling, skin reddening, burning pain, heat-sensitization phenomenon, etc.) was reported?	48 (65.8)	25 (34.2)	-
	2f) Patient posture and treatment environment	Q13. Whether the patient posture during the moxibustion treatment and the treatment environment were reported?	4 (5.5)	69 (94.5)	-
3.Treatment regimen	3) Number, frequency and duration of treatment sessions	Q14. Whether the number, frequency and duration of the moxibustion sessions were reported?	69 (94.5)	4 (5.5)	-
4.Other components of treatment	4a) Details of other interventions administered to the moxibustion group (e.g., acupuncture, cupping, herbs, exercises, lifestyle advice)	Q15. Whether the details of other interventions administered to the moxibustion group were described?	34 (46.6)	13 (17.8)	26 (35.6)
	4b) Setting and context of treatment protocol,	Q16. Whether the setting where the treatment was performed was reported?	3 (4.1)	70 (95.9)	78 (36.6)

	and information and explanations to patients				
		Q17. Whether the instruction of treatment to the moxibustion providers or the participants was reported?	70 (95.9)	3 (4.1)	-
5.Treatment provider background	5) Description of treatment provider (qualification or professional affiliation, years in moxibustion practice and other relevant experience for professional, or any special training in advance for layman)	Q18. Whether the characteristic of moxibustion treatment(s) provider was described?	6 (8.2)	67 (91.8)	-
6.Control and comparator interventions	6a) Rationale for the control or comparator in the context of the research question, with sources that justify the choice	Q19. Whether the rationale for the choice of control or comparator interventions was reported?	21 (28.8)	52 (71.2)	-
	6b) Precise description of the control or comparator. If another form of moxibustion or moxibustion-like control is used, provide details as for Items 1 to 3 above	Q20. Whether the precise description of the control or comparator interventions was described?	65 (89.0)	8 (11.0)	-
7. Precaution measures	7) Precise description of the precaution measures, if any	Q21. Whether the precautionary or managerial measures to adverse events were reported?	30 (41.1)	43 (58.9)	-

Supplementary file 10: Reporting quality assessment of Tuina/massage RCTs

Section/topic	Extension items	Questions for assessment	Fully reported, n(%)	Partially or not reported, n(%)	Not applicable, n(%)
1.Tuina/Massage rationale	1a) Style of Tuina/Massage	Q1. Whether the style of Tuina/Massage was reported?	64 (75.3)	21 (24.7)	-
	1b) Rationale and objective for selected Tuina/Massage and specificdisease/condition, based onhistorical context, anatomical or theoretical	Q2. Whether the reason/rationale about Tuina/Massage intervention for the disease was reported in the Background/Introduction?	61 (71.8)	24 (28.2)	-
		Q3. If the rationale about Tuina/Massage intervention for the disease was "Fully reported" in the Background/Introduction (Q2), whether the relevant references were provided?	43 (50.6)	18 (21.2)	24 (28.2)
	1c) Specify the protocol of Tuina/massage intervention is standardized or not	Q4. Whether the cupping treatment was individualized was reported?	7 (8.2)	4 (4.7)	74 (87.1)
		Q5. If the individualized Tuina/massage treatment was "Fully reported" (Q4), whether the possible variations for individualized were described?	5 (5.9)	6 (7.1)	74 (87.1)
		Q6. If the individualized Tuina/massage treatment was "Fully reported" (Q4), whether the reason/rationale was reported?	3 (3.5)	8 (9.4)	74 (87.1)
2.Details of Tuina/Massage	2a) Participant's posture during Tuina/Massage.	Q7. Whether the patient posture during the Tuina/Massage treatment was reported?	54 (63.5)	31 (36.5)	-
	2b) If media was included in Tuina/Massage, specify its action, dosage, and manufacturers (for nonnatural products if available).	Q8. Whether the media used for Tuina/Massage was reported?	1 (1.2)	15 (17.6)	69 (81.2)

	2c) Names and numbers of acupoints/meridians/locations (ifno officialname)used for Tuina/Massage(uni/bilateral).	Q9. Whether the name of acupoints/meridians/locations (if no official name) used for Tuina/Massage was reported?	82 (96.5)	3 (3.5)	-
		Q10. Whether the number of acupoints/meridians/locations (if no official name) used for Tuina/Massage was reported?	37 (43.5)	48 (56.5)	-
	2d) Duration of Tuina/Massage per point/location (mean and range where relevant).	Q11. Whether the Tuina/Massage time per location (mean or range where relevant) was reported?	77 (90.6)	8 (9.4)	-
	2e) Procedure and operation details for Tuina/Massage, including specific techniques and manipulativetreatments, preferably with quality control for the intervention.	Q12.Whether the procedure and technique for Tuina/Massage were described?	73 (85.9)	12 (14.1)	-
		Q13.Whether the quality control of the Tuina/Massage intervention was described	8 (9.4)	77 (90.6)	-
	2f) Responses sought from participants during/after Tuina/Massage (e.g, comfortable, fatigue, warmfeeling,skin reddening, sore and pain,etc.),if applicable.	Q14. Whether the responses sought from participants (e.g, comfortable, fatigue, warmfeeling,skin reddening, sore and pain,etc.) was reported?	40 (47.1)	45 (52.9)	-
3.Intervention regimen	3)Number, frequency, and duration of the intervention sessions.	Q15. Whether the number, frequency and duration of the Tuina/Massage sessions was reported?	59 (69.4)	26 (30.6)	-
4.Other components of intervention	4a) Rationale and details of other interventions administered to the Tuina/Massage	Q16.Whether the rational of other interventions administered to the Tuina/Massage group were described?	43 (50.6)	4 (4.7)	38 (44.7)

	group(e.g.acupuncture, moxibustion,cupping,herbs, exercise therapy, lifestyle advice).				
		Q17.Whether the details of other interventions administered to the Tuina/Massage group were described?	36 (42.4)	11 (12.9)	38 (44.7)
	4b) Necessary instruction and explanation of Tuina/Massage intervention to the participants.	Q18. Whether the instruction of treatment to the Tuina/Massage providers and the participants was reported?	64 (75.3)	21 (24.7)	-
5.Tuina/Massage provider background	5)Background of Tuina/Massage provider (qualification or professional affiliation, years in Tuina/Massage practice and other relevant experience for professional, or any special training in advance for layman).	Q19. Whether the characteristic of Tuina/Massage treatment(s) provider was described?	10 (11.8)	75 (88.2)	-
6.Control or comparator interventions	6a) Rationale for the controlor comparator in the context of the research question, with sources thatjustify the choice.	Q20. Whether the rationale for the choice of control or comparator interventions was reported?	60 (70.6)	25 (29.4)	-
	6b) Precise description of the control or comparator. If other forms of massage or massage like control methods are used, please provide details of items 1 to 3 above.	Q21. Whether the precise description of the control or comparator interventions was described?	58 (68.2)	27 (31.8)	-
7.Precaution measures	7) Precautionary measures to prevent adverse events from Tuina/Massage, including criteriaforstopping/withdrawing from the intervention, if any.	Q22. Whether the precautionary or managerial measures to adverse events (e.g., skin bruises, fainting, vomiting, etc.) were reported?	11 (12.9)	74 (87.1)	-

Supplementary file 11: Reporting quality assessment of cupping RCTs

Section/topic	Extension items	Questions for assessment	Fully reported, n(%)	Partially or not reported, n(%)	Not applicable, n(%)
1.Cupping rationale	1a) Style of cupping (e.g., Chinese medicine, dry cupping, wet cupping, etc)	Q1. Whether the style of cupping was reported?	16 (100.0)	0	-
	1b) Reasoning for cupping provided, based on historical context, literature sources, and/or consensus methods, with references where appropriate	Q2. Whether the reason/rationale about cupping intervention for the disease was reported in the Background/Introduction?	10 (62.5)	6 (37.5)	-
		Q3. If the rationale about cupping intervention for the disease was "Fully reported" in the Background/Introduction (Q2), whether the relevant references were provided?	2 (12.5)	8 (50.0)	6 (37.5)
	1c) Whether the cupping treatment is individualized or not	Q4. Whether the cupping treatment was individualized was reported?	5 (31.3)	3 (18.8)	8 (50.0)
		Q5. If the individualized cupping treatment was "Fully reported" (Q4), whether the possible variations for individualized were described?	4 (25.0)	4 (25.0)	8 (50.0)
		Q6. If the individualized cupping treatment was "Fully reported" (Q4), whether the reason/rationale was reported?	1 (6.3)	7 (43.8)	8 (50.0)
2.Details of cupping	2a) Patient posture during the cupping	Q7. Whether the patient posture during the cupping treatment was reported?	11 (68.8)	5 (31.3)	-
	2b) Devices used for cupping, such as type of cupping set, size, manufacturer, and material (e.g., herbal, needle, moxa, water) inside the cup, if any	Q8. Whether the devices used for cupping were reported?	13 (81.3)	3 (18.8)	69 (81.2)
	2c) Name and number of acupoints/meridians/locations (if no official name) used for cupping	Q9. Whether the name of acupoints/meridians/locations (if no official name) used for cupping was reported?	16 (100.0)	0	-

		Q10. Whether the number of acupoints/meridians/locations (if no official name) used for cupping was reported?	11 (68.8)	5 (31.3)	-
	2d) Number of cupping units and/or cupping time per location (mean or range where relevant)	Q11.Whether the number of cupping units per location (mean or range where relevant) was reported?	14 (87.5)	2 (12.5)	-
		Q12. Whether the cupping time per location (mean or range where relevant) was reported?	14 (87.5)	2 (12.5)	-
	2e) Procedure and technique for cupping (e.g., weak/light cupping, medium cupping, strong cupping, moving cupping, light-moving cupping, needle cupping, hot needle and moxa cupping, empty/flash cupping, bleeding/wet/full cupping, herbal cupping, water cupping and ice cupping)	Q13. Whether the procedure and technique for cupping were described?	14 (87.5)	2 (12.5)	-
	2f) Responses sought from participants (e.g., warm feeling, skin reddening, cupping mark, etc.)	Q14. Whether the responses sought from participants (e.g., warm feeling, skin reddening, cupping mark, etc.) was reported?	13 (81.3)	3 (18.8)	-
	2g) Precautionary measures to adverse events (e.g., skin blister, scald, or bleeding), and management, if any	Q15. Whether the precautionary or managerial measures to adverse events (e.g., skin blister, scald, or bleeding) were reported?	11 (68.8)	5 (31.3)	-
3.Treatment regimen	3)Number, frequency and duration of the cupping sessions	Q16. Whether the number, frequency and duration of the cupping sessions was reported?	10 (62.5)	6 (37.5)	-
4.Other components of treatment	4a) Details of other interventions administered to the cupping group (e.g., acupuncture, moxibustion, massage, herbs, exercises, lifestyle advice)	Q17. Whether the details of other interventions administered to the cupping group were described?	10 (62.5)	2 (12.5)	4 (25.0)
	4b) Setting and instruction of treatment to the cupping providers and the participants	Q18. Whether the setting or environment where the treatment was performed was reported?	1 (6.3)	15 (93.8)	-
		Q19. Whether the instruction of treatment to the cupping providers and the participants was reported?	15 (93.8)	1 (6.3)	-
5.Treatment provider background	6) Description of treatment provider(s) (qualification or professional affiliation, years in cupping practice, and other relevant experience for professional)	Q20. Whether the characteristic of cupping treatment(s) provider was described?	3 (18.8)	13 (81.3)	-

6.Control or comparator of cupping	6a) Rationale for the choice of control or comparator of cupping	Q21. Whether the rationale for the choice of control or comparator interventions was reported?	7 (43.8)	9 (56.3)	-
	6b) Precise description of the control or comparator. If another form of cupping or cupping-like control is used, provide details as for Items 1 to 3 above.	Q22. Whether the precise description of the control or comparator interventions was described?	13 (81.3)	3 (18.8)	-

Supplementary file 12: Reporting quality assessment score of inclusion RCTs

12.1 Quality assessment score of acupuncture RCTs

No.	First author	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Total
1	Li Tong, et al.	0	1	1	NA	NA	NA	1	1	1	1	1	1	1	1	1	NA	0	1	1	0	1	14
2	Yao Jia, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	NA	0	1	0	0	0	11
3	Li Sheng Ka, et al.	1	0	NA	1	1	1	1	1	1	1	1	1	1	1	1	NA	0	1	0	1	1	16
4	Wan Wen Juan, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	NA	0	1	0	1	1	13
5	Chang Xue Song, et al.	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	1	1	0	1	18
6	Zheng Ao Te, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	15
7	Song Yang Yang, et al.	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	0	1	1	1	1	18
8	Li Wei Xin, et al.	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	NA	0	1	1	1	1	18
9	Cao Feng, et al.	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	18
10	Wang Hong, et al.	1	1	1	1	1	1	1	1	1	0	0	0	1	1	1	1	0	1	0	1	1	16
11	J. H. Song, et al.	1	1	1	NA	NA	NA	1	1	0	0	0	1	1	1	1	NA	0	1	1	1	1	13
12	T. I. Usichenko, et al.	1	1	1	NA	NA	NA	1	1	1	0	1	0	1	1	1	NA	1	1	1	1	1	15
13	H. Akhtar, et al.	1	1	1	1	1	0	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	18
14	L. Y. Qi, et al.	0	1	1	1	1	0	1	1	0	1	1	0	1	1	1	NA	0	1	1	1	1	15
15	D. L. Hershman, et al.	0	1	1	1	1	0	0	0	1	1	1	1	1	1	1	1	0	1	1	1	1	16
16	X. Wu, et al.	1	1	1	NA	NA	NA	1	1	0	0	1	1	1	1	1	1	0	1	0	0	1	13

17	J. Q. Fan, et al.	0	1	1	NA	NA	NA	1	1	0	0	1	1	1	1	1	1	1	1	0	1	1	14
18	Y. Zeng, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	17
19	X. Yin, et al.	1	1	1	NA	NA	NA	1	1	0	1	1	1	1	1	1	1	1	1	1	0	1	16
20	S. H. Woo, et al.	1	1	1	NA	NA	NA	1	1	1	0	0	1	1	1	1	NA	0	1	0	0	1	12
21	B. Lee, et al.	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	0	1	1	0	1	18
22	S. Prinsloo, et al.	0	1	1	NA	NA	NA	0	0	0	1	1	0	0	1	1	NA	1	1	1	0	1	10
23	C. H. Maeng, et al.	0	1	1	NA	NA	NA	1	1	0	0	0	1	1	1	1	1	0	1	0	1	1	12
24	C. H. Huang, et al.	1	1	1	NA	NA	NA	1	1	0	0	1	0	1	1	1	0	0	0	1	0	1	11
25	X. Chen, et al.	0	1	1	NA	NA	NA	1	1	0	1	1	0	1	1	1	1	0	1	1	1	1	14
26	Y. Su, et al.	0	1	1	NA	NA	NA	1	1	0	1	1	1	1	0	0	1	0	1	1	1	0	12
27	X. Xu, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	17
28	N. Zhou, et al.	1	1	1	NA	NA	NA	1	1	1	1	0	0	1	1	1	1	0	1	1	1	1	15
29	J. Rajfur, et al.	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	19
30	Y. Xiao, et al.	1	1	1	NA	NA	NA	1	1	0	0	1	1	1	1	1	NA	0	1	0	0	1	12
31	L. Martin-Sacristan, et al.	1	1	1	1	1	1	1	1	1	1	1	0	1	0	0	NA	0	1	1	1	1	16
32	Zhang Dong Xiao, et al.	1	1	0	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	15
33	Jin Qi, et al.	0	1	1	NA	NA	NA	1	1	1	1	0	1	1	1	1	NA	0	1	0	0	1	12
34	Zhong Run Fen, et al.	1	0	NA	1	1	0	1	1	1	1	1	1	1	1	1	1	0	1	0	0	1	15
35	Li Yu Qin, et al.	1	1	1	1	1	0	1	1	1	0	1	1	1	1	1	1	0	1	0	1	1	17
36	Wang Xue Fei, et al.	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	0	1	0	1	1	17
37	Zhang Xue, et al.	0	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	13
38	Sun Ling Yu, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	0	1	1	NA	0	1	0	1	1	12
39	Yuan Wei Ling	1	0	NA	1	1	1	0	0	1	0	0	1	1	1	1	NA	0	1	0	1	1	12
40	Chang You Gang,	1	1	0	NA	NA	NA	1	1	1	0	0	1	1	1	1	NA	0	1	0	1	1	12

	et al.																						
41	Lang Bo Xu, et al.	1	0	NA	1	1	1	1	1	1	0	1	1	1	1	1	NA	0	1	0	0	1	14
42	Yang Ting, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	1	0	1	1	1	0	1	1	0	0	14
43	Wang Ting, et al.	1	0	NA	NA	NA	NA	1	1	1	0	1	1	1	1	1	1	0	1	0	0	1	12
44	Zhao Qiong Na, et al.	1	0	NA	1	1	1	0	0	1	1	1	1	1	1	1	1	0	0	0	1	1	14
45	Chen Li Juan, et al.	0	0	NA	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	0	1	15
46	Wang Zhao Qi, et al.	1	0	NA	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	18
47	Ma Juan Juan, et al.	0	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	0	1	0	0	1	15
48	Yang Hui Qin, et al.	1	1	0	NA	NA	NA	1	1	1	0	1	1	1	1	1	NA	0	1	0	0	1	12
49	Bi Hai Yang, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	16
50	Qi Cong Hui, et al.	1	0	NA	1	0	0	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	15
51	Li Li, et al.	1	1	0	1	1	1	0	0	1	1	1	1	1	1	1	1	0	1	0	0	1	15
52	Dong Zhen Hua, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	NA	0	1	0	0	1	12
53	Zhou Jun Wen, et al.	1	0	NA	NA	NA	NA	0	0	1	0	1	0	1	1	1	1	0	1	0	1	1	10
54	Chen Ying Hua, et al.	1	0	NA	1	1	0	1	1	1	1	1	1	1	1	1	NA	0	1	0	1	1	15
55	Pan Jie, et al.	1	1	1	NA	NA	NA	0	0	1	1	1	1	1	1	1	1	0	1	0	1	1	14
56	Hu Hang Qi, et al.	0	1	1	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	15
57	Ye Zi Feng, et al.	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	NA	0	1	1	0	1	17
58	Yang Tong Jie, et al.	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	0	1	18
59	Dong Xuan Ran,	1	0	NA	NA	NA	NA	0	0	1	1	1	1	1	1	1	NA	0	1	0	1	1	11

	et al.																						
60	Wei Yan Rong, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	0	1	13
61	Li Xin Lu, et al.	1	1	0	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	15
62	Wu Wen Ting, et al.	0	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	0	0	1	1	12
63	Wang Jia Hao, et al.	1	0	NA	1	1	1	1	1	1	1	1	1	1	1	1	NA	0	1	0	1	1	16
64	Dai Li Shuang, et al.	1	1	0	NA	NA	NA	1	1	0	1	1	1	1	1	0	NA	0	1	0	1	1	12
65	Deng Ming Ming, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	16
66	Zhao Zhi Peng , et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	0	1	1	NA	0	1	0	1	1	12
67	Huang Zhi Yong, et al.	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	NA	0	1	0	1	1	17
68	Li Wei, et al.	0	0	NA	NA	NA	NA	1	1	0	1	1	1	1	1	1	1	0	1	1	0	1	12
69	Qiu Si Ping	1	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	14
70	Su Min, et al.	1	0	NA	NA	NA	NA	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	3
71	Cao Jun Feng	1	0	NA	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	17
72	Chen Xiang Fang, et al.	1	1	0	1	1	1	0	0	1	1	1	1	1	1	1	1	0	0	0	0	1	14
73	Zhang Qian, et al.	1	0	NA	NA	NA	NA	0	0	0	1	1	1	1	0	0	1	0	1	0	0	1	8
74	Zhang Jie, et al.	1	0	NA	NA	NA	NA	1	1	1	1	0	1	1	1	1	1	0	1	0	0	1	12
75	Zhang Yu Zhong, et al.	1	0	NA	NA	NA	NA	1	1	1	0	1	1	1	1	1	NA	0	1	0	0	1	11
76	Zhong Yue, et al.	0	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	NA	0	1	0	1	1	12
77	Zheng Sheng Hui, et al.	1	0	NA	NA	NA	NA	1	1	1	0	1	1	1	1	1	1	0	1	0	1	1	13
78	Xu Chen, et al.	1	1	1	NA	NA	NA	1	1	1	0	1	1	1	1	1	1	0	1	0	0	1	14

79	Liu Peng, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	NA	0	1	0	0	1	12
80	Yang Yan Fang, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	NA	0	1	0	0	1	12
81	Lu Jun, et al.	0	1	1	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	15
82	Liu Lu Jiong, et al.	0	0	NA	NA	NA	NA	0	0	1	1	1	1	1	1	1	1	0	1	0	1	1	11
83	Hu Shan, et al.	1	0	NA	NA	NA	NA	0	0	1	1	1	1	1	1	1	1	0	1	0	1	1	12
84	Chen Yu Zheng, et al.	0	1	1	NA	NA	NA	1	1	0	1	1	1	1	1	1	1	0	1	0	0	1	13
85	Sun Wei, et al.	0	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	0	0	1	1	12
86	Bai Lin, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	1	0	0	NA	0	1	0	1	1	11
87	Zhang Ya Nan, et al.	0	0	NA	NA	NA	NA	1	1	1	1	0	1	1	1	1	1	0	1	0	0	1	11
88	He Yan , et al.	0	0	NA	1	0	0	1	1	0	0	1	1	1	1	1	1	1	1	0	1	1	13
89	Wang Dong Li , et al.	1	0	NA	1	1	1	1	1	1	1	1	0	1	1	1	1	0	1	0	1	1	16
90	Li Hu, et al.	1	1	1	1	1	0	1	1	1	0	1	0	1	1	0	NA	0	1	0	0	1	13
91	Yuan Lei, et al.	1	1	1	1	0	0	0	0	0	1	1	0	1	1	1	1	0	1	0	1	1	13
92	Mao Lin Shan, et al.	1	0	NA	1	1	1	1	1	1	1	1	1	0	1	1	1	0	0	0	1	1	15
93	Wang Ying Dong, et al.	1	0	NA	NA	NA	NA	1	1	1	1	0	1	1	1	1	1	0	1	0	1	1	13
94	Li Chen, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	0	0	1	1	15
95	Liu Ya Dong, et al.	0	1	1	NA	NA	NA	0	0	1	1	1	1	1	1	1	1	0	0	0	0	1	11
96	Wang Xun, et al.	1	0	NA	1	1	1	1	1	1	1	1	1	1	1	1	NA	0	0	0	0	1	14
97	Liu Li Li, et al.	1	0	NA	NA	NA	NA	1	1	1	0	1	1	1	1	1	1	0	1	0	1	1	13
98	Zhai Chun Miao, et al.	0	0	NA	NA	NA	NA	0	0	1	1	1	1	1	1	1	1	0	0	0	0	1	9
99	Zhang Hai Ping	0	1	1	NA	NA	NA	1	1	0	1	1	0	1	1	0	1	0	1	0	0	1	11
100	Liu Li Ping, et al.	1	0	NA	1	1	1	0	0	1	1	1	1	1	1	1	NA	0	1	0	1	1	14

101	Liu Lin	1	0	NA	1	1	0	1	1	1	0	1	1	1	1	1	NA	0	1	0	1	1	14
102	Wu Dian Jie, et al.	1	1	0	1	1	1	1	1	1	0	0	1	1	1	1	1	0	0	0	1	1	15
103	Zhang Fang Bin	0	0	NA	1	0	0	0	0	1	1	0	1	0	1	1	NA	0	1	0	0	1	8
104	Zhang Hong, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	16
105	Tong Cheng Lin, et al.	1	0	NA	1	1	0	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	16
106	Zou Wei, et al.	0	0	NA	1	0	0	1	1	1	1	1	1	1	1	1	1	0	0	0	1	1	13
107	Hu Ya Cai, et al.	0	0	NA	1	1	0	0	0	0	1	1	1	1	1	1	1	0	0	0	0	1	10
108	Wu Ya Ming	0	0	NA	1	1	0	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	15
109	Han Wei Zhe, et al.	1	1	0	1	1	1	1	1	1	1	0	1	1	1	1	NA	0	1	0	0	1	15
110	Wu Bin	0	0	NA	NA	NA	NA	0	0	1	1	1	1	1	1	1	NA	0	1	0	0	1	9
111	Zhao Yin Long, et al.	1	1	1	NA	NA	NA	0	0	1	1	1	1	1	1	1	1	0	1	0	1	1	14
112	Zhou Jia Rong, et al.	0	0	NA	1	1	1	0	0	0	1	1	1	1	1	1	1	0	0	0	1	1	12
113	Sun Yu	1	1	0	NA	NA	NA	0	0	1	1	1	0	0	1	0	1	0	1	0	0	1	9
114	Wei Wen Long, et al.	0	0	NA	NA	NA	NA	0	0	0	1	1	1	1	1	1	1	0	1	0	0	1	9
115	Yuan Yuan, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	14
116	He Xiao Yan, et al.	0	0	NA	NA	NA	NA	0	0	1	1	1	1	0	0	0	NA	0	1	0	0	1	6
117	Peng Ya Wen	1	0	NA	NA	NA	NA	0	0	1	1	1	1	0	1	1	1	1	1	0	0	1	11
118	Cao Yun Yan, et al.	1	1	0	1	1	0	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	17
119	Zhai Xiang Nan, et al.	1	0	NA	1	1	0	0	0	1	1	0	0	1	1	0	1	0	1	0	1	1	11
120	Guo Chun Yan, et al.	0	0	NA	NA	NA	NA	1	1	1	0	1	1	0	1	1	1	1	1	0	1	1	12

121	Su Nan, et al.	1	0	NA	NA	NA	NA	0	0	0	0	0	1	0	1	1	NA	0	1	0	0	0	5
122	Sun Yang Yang, et al.	1	0	NA	NA	NA	NA	0	0	1	0	1	1	1	1	1	NA	0	1	0	0	1	9
123	Wang Ren Sheng, et al.	1	0	NA	1	1	0	1	1	0	1	1	1	1	1	1	1	0	1	0	0	1	14
124	Wang Huai Ze, et al.	1	1	1	1	1	0	1	1	1	1	1	1	0	1	0	1	0	1	0	0	1	15
125	Lu Yan, et al.	1	1	0	NA	NA	NA	0	0	1	1	1	1	1	1	1	NA	0	1	0	1	1	12
126	Fu Yun Qi, et al.	1	0	NA	1	1	0	1	1	1	1	1	1	1	0	0	NA	0	1	1	0	1	13
127	Zhang Yan Xiang, et al.	1	1	0	NA	NA	NA	0	0	1	1	1	1	1	1	1	NA	0	1	0	1	1	12
128	Yang Yan Hong, et al.	1	0	NA	1	1	0	1	1	1	0	1	1	1	1	1	1	0	0	0	0	1	13
129	Ge Wei Jin, et al.	1	1	1	1	1	0	0	0	0	0	1	1	0	1	1	1	0	1	0	1	1	13
130	Li Yong, et al.	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	NA	0	1	0	1	1	17
131	Chang Ting, et al.	1	0	NA	1	1	1	0	0	0	1	0	0	1	1	0	1	0	1	0	1	1	11
132	Chen Chun Li	1	0	NA	1	1	0	1	1	1	0	1	0	1	1	1	NA	0	1	0	0	1	12
133	Pan Zhen Lin, et al.	1	0	NA	1	1	1	1	1	1	1	1	1	1	1	1	NA	0	1	0	1	1	16
134	Ao Qi Er	1	0	NA	1	1	0	0	0	0	1	1	1	1	0	0	NA	0	1	0	0	1	9
135	Luo Yuan Dai, et al.	1	1	0	1	1	1	0	0	1	1	1	1	1	1	1	NA	0	1	0	1	1	15
136	Hong Hai Bin, et al.	1	0	NA	1	1	1	1	1	1	1	1	1	1	1	1	NA	0	1	0	1	1	16
137	Zhang Tao Tao, et al.	1	0	NA	1	1	1	0	0	1	0	0	0	1	1	0	1	0	1	0	1	1	11
138	Teng Ying Chun, et al.	1	0	NA	1	1	1	1	1	1	0	1	1	1	1	1	NA	0	1	0	1	1	15
139	Lu Zhou, et al.	1	1	1	NA	NA	NA	0	0	1	1	1	1	1	1	1	1	0	1	0	0	1	13
140	Sun Yu Ting, et	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	0	1	17

	al.																						
141	Wang Hu	1	0	NA	NA	NA	NA	1	1	1	0	1	1	0	1	1	1	0	1	0	0	1	11
142	Zheng Qian, et al.	1	1	1	NA	NA	NA	1	1	1	0	1	1	1	1	1	1	1	1	0	0	1	15
143	Tian Tian Ning, et al.	0	1	1	NA	NA	NA	0	0	1	1	1	1	1	1	1	1	0	1	0	0	1	12
144	Wang Quan Zhong, et al.	1	1	1	1	1	0	0	0	1	0	1	1	1	0	0	1	0	0	0	1	1	12
145	Yin Shuai, et al.	1	0	NA	1	1	0	0	0	0	1	1	1	1	1	1	NA	0	1	1	0	1	12
146	Shao Jie, et al.	0	0	NA	NA	NA	NA	0	0	0	1	1	1	0	1	1	1	0	1	0	0	1	8
147	Dong Yu Xia, et al.	1	0	NA	1	1	0	0	0	0	1	1	1	1	1	1	1	0	1	0	0	1	12
148	Zhou Yan, et al.	0	0	NA	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	1	1	1	16
149	Qiu Mei Hua, et al.	0	1	0	1	1	1	0	0	0	0	1	0	1	0	0	1	0	1	0	1	1	10
150	Zheng Li Yan, et al.	1	0	NA	NA	NA	NA	1	1	0	0	1	1	1	1	1	1	0	1	0	1	1	12
151	Wang Jing, et al.	1	0	NA	NA	NA	NA	0	0	1	1	1	1	1	1	1	1	0	1	1	0	1	12
152	Jiang Wen Fei, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	NA	0	1	0	0	1	12
153	Liu Shi Wei, et al.	1	0	NA	NA	NA	NA	0	0	1	0	1	1	1	1	1	1	0	1	0	0	1	10
154	Shen Jie, et al.	1	0	NA	NA	NA	NA	0	0	1	0	1	1	1	1	1	0	0	1	1	0	0	9
155	Li Zhong Xian, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	1	0	1	16
156	Li Jin Niu, et al.	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	NA	0	1	0	0	1	15
157	Cai Guo Feng, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	14
158	Chen Yan Ting, et al.	1	1	1	NA	NA	NA	0	0	1	1	1	1	1	1	1	1	0	1	1	0	1	14
159	Zhu Jian Fang, et al.	0	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	0	1	1	1	1	17

160	Zhang Ying, et al.	1	0	NA	NA	NA	NA	0	0	0	0	1	0	0	1	1	NA	0	0	0	1	0	5
161	Zhao Jia Hui, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	16
162	Shi Ying Chu, et al.	1	1	0	1	1	0	0	0	0	1	1	1	1	0	1	1	0	1	0	1	1	13
163	Qiao Lei, et al.	1	1	1	1	1	1	0	0	1	1	1	1	1	1	1	1	0	0	0	1	1	16
164	Guan Dan Dan, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	0	1	13
165	Chen Xin, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	NA	0	0	0	1	1	12
166	Lü Min, et al.	1	1	0	NA	NA	NA	0	0	1	1	1	1	1	1	1	1	0	0	0	1	1	12
167	Peng Si Ping, et al.	1	1	1	1	1	0	1	1	0	1	1	1	1	1	1	NA	0	1	0	1	1	16
168	Zai Feng Lei, et al.	0	1	0	NA	NA	NA	1	1	1	0	0	1	1	1	1	NA	0	1	0	1	1	11
169	Liang Li Xin, et al.	1	0	NA	NA	NA	NA	1	1	0	1	1	1	1	1	1	0	0	1	0	0	0	10
170	Jin Hai Peng, et al.	0	1	1	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	15
171	Gao Hao, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	0	0	14
172	Xie Rui Zhe, et al.	0	1	1	1	1	0	1	1	0	1	1	1	1	1	1	1	0	1	0	1	1	16
173	Chen Rong, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	1	0	1	1	NA	0	1	0	1	1	14
174	Zeng Ting Ting, et al.	0	0	NA	NA	NA	NA	0	0	0	1	1	1	1	1	1	1	0	1	0	0	1	9
175	Lu Ya Qin, et al.	1	1	0	NA	NA	NA	0	0	0	1	1	1	1	1	1	NA	0	1	0	0	1	10
176	Chen Zhen, et al.	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	NA	0	0	0	1	1	15
177	Liu Yong, et al.	1	0	NA	NA	NA	NA	1	1	1	0	1	1	1	1	1	1	0	1	0	1	1	13
178	Xu Xiao Ying, et al.	1	0	NA	NA	NA	NA	0	0	1	1	1	1	1	1	1	1	0	1	1	1	1	13
179	Han Xu, et al.	1	0	NA	NA	NA	NA	1	1	0	1	1	1	1	1	1	NA	0	0	0	0	1	10
180	Li Chun Yu, et al.	1	0	NA	1	1	1	0	0	1	0	1	1	1	1	1	NA	0	1	0	0	1	12

181	Yang Yuan Yuan, et al.	1	0	NA	NA	NA	NA	0	0	1	0	1	1	1	1	1	1	0	1	0	0	1	10
182	Ma Shuai, et al.	1	0	NA	NA	NA	NA	0	0	1	1	1	1	1	1	1	NA	0	1	0	1	1	11
183	Li Cheng Shuang, et al.	0	1	0	NA	NA	NA	0	0	1	1	1	1	1	1	1	NA	0	1	0	0	1	10
184	He Ying, et al.	1	1	1	NA	NA	NA	0	0	1	1	1	1	1	0	1	1	0	1	1	0	0	12
185	Zhang Xue, et al.	1	1	1	NA	NA	NA	0	1	1	1	1	1	0	1	1	1	0	1	0	1	1	14
186	Le Wei, et al.	1	1	0	NA	NA	NA	1	1	1	1	1	1	1	1	1	NA	0	1	1	1	1	15
187	Li Chun Lin, et al.	1	0	NA	NA	NA	NA	0	0	1	1	1	1	1	1	1	1	0	1	0	0	1	11
188	D. Ardinata, et al.	0	0	NA	NA	NA	NA	1	1	1	0	0	1	1	1	1	1	0	1	1	0	1	11
189	Tian Hong Fang, et al.	0	1	1	NA	NA	NA	1	1	1	1	1	1	0	1	1	NA	0	1	0	1	1	13
190	Lai Yu Qin, et al.	0	0	NA	1	1	1	0	0	0	0	1	1	0	1	1	1	0	1	0	0	1	10
191	Zhu Lu, et al.	1	1	1	NA	NA	NA	0	0	1	1	1	1	1	1	1	1	0	1	1	0	1	14
192	Jiang Xiao Jun, et al.	1	0	NA	1	1	0	0	0	1	1	1	1	0	1	1	NA	0	1	0	0	1	11
193	Zhou Ting, et al.	1	0	NA	NA	NA	NA	0	0	0	0	1	1	1	1	1	NA	0	1	1	1	1	10
194	Li Rong Hua, et al.	1	0	NA	NA	NA	NA	0	0	1	1	0	1	1	1	1	NA	1	1	1	1	1	12
195	Li De Hua, et al.	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	0	1	0	0	1	17
196	Li Yan, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	0	1	15
197	Liu Ying Min, et al.	1	0	NA	1	1	0	1	1	1	0	1	1	0	1	1	0	0	1	0	0	1	12
198	Yu Hong Chao, et al.	1	1	0	1	1	1	1	1	0	0	1	1	1	1	1	1	0	1	0	1	1	16
199	Zhu Shu Yun, et al.	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	0	1	0	0	1	17
200	Zang Jin Peng, et al.	1	0	NA	1	1	1	0	0	1	1	1	1	1	1	1	0	0	1	0	0	0	12
201	Li Shi Meng, et	1	0	NA	NA	NA	NA	1	1	0	1	1	1	1	1	1	NA	0	1	0	0	1	11

	al.																						
202	Chen Ying Hua, et al.	1	0	NA	NA	NA	NA	0	0	1	1	1	1	1	1	1	NA	0	1	0	1	1	11
203	Guo Huang Hui, et al.	1	0	NA	1	1	0	1	1	1	0	1	1	1	1	1	NA	0	1	0	0	1	13
204	Xu Xiao Qing, et al.	1	0	NA	NA	NA	NA	0	0	1	1	1	1	1	1	1	NA	0	1	0	0	1	10
205	Lin Wan Min, et al.	1	0	NA	1	1	0	1	1	0	1	0	1	0	1	1	1	0	1	0	1	1	13
206	Lai Ming	1	0	NA	1	1	0	0	0	1	0	0	1	1	1	1	1	0	0	0	0	1	10
207	Tang Nian Zhen, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	14
208	Zhang Yan Lin, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	1	1	1	1	NA	0	1	1	1	1	16
209	He Tao, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	14
210	Luo Jian Chang, et al.	1	0	NA	1	1	0	0	0	1	0	1	1	1	1	1	NA	0	1	1	0	1	12
211	Zhao Yun, et al.	1	0	NA	NA	NA	NA	0	0	1	0	1	1	0	1	1	1	0	1	0	0	1	9
212	Ji Juan, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	NA	0	1	0	0	0	11
213	Qiu Man Li, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	1	1	1	1	NA	0	1	1	1	1	16
	Total	164	100	73	87	82	47	136	135	168	159	186	192	188	202	195	129	10	188	44	116	201	2802

12.2 Quality assessment score of moxibustion RCTs

No.	First author	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Total
1	Zhuang Qiu Feng, et al.	1	0	NA	0	0	0	0	0	0	0	1	1	0	1	1	0	1	0	1	1	0	8
2	Yang Yi Fan, et al.	1	0	NA	0	0	0	0	1	1	1	1	0	1	1	NA	1	1	0	1	1	0	11
3	Song Lin	0	0	NA	0	0	0	1	0	1	1	1	1	0	1	1	0	1	0	0	1	1	10
4	Lin Xiao Hong, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	0	0	1	1	0	1	0	1	1	1	14
5	Cao Zhen, et al.	1	1	1	0	0	0	1	0	1	1	1	1	0	1	0	0	1	0	0	1	0	11
6	Liu Hong Fang, et al.	1	1	1	0	0	0	1	1	1	1	1	1	0	1	1	0	1	0	1	1	0	14
7	Long Hong Hui, et al.	1	1	1	1	0	0	1	1	1	1	1	0	0	1	1	0	1	0	1	1	0	14
8	Zhang Ying, et al.	1	1	1	0	0	0	1	0	0	0	1	1	0	1	1	0	1	0	0	1	1	11
9	Zhou Ling, et al.	1	0	NA	NA	NA	NA	1	1	1	1	0	0	0	1	1	0	1	1	0	1	0	10
10	Chen Shu Fen, et al.	1	1	0	0	0	0	1	1	1	1	1	1	0	1	NA	0	0	0	1	1	1	12
11	Liang Hui, et al.	1	0	NA	0	0	0	1	1	1	1	1	0	0	1	NA	0	1	0	0	1	1	10
12	Zhou Lun Ping	1	1	1	0	0	0	0	1	0	1	1	1	0	1	NA	0	1	0	1	1	0	11
13	Yu Li Na	1	1	1	0	0	0	1	1	1	0	1	0	0	0	1	0	1	0	1	1	0	11
14	Xie Ling, et al.	1	0	NA	0	0	0	1	0	0	1	1	0	0	1	1	0	1	0	1	1	0	9
15	Jiang Xiao Jing, et al.	1	0	NA	0	0	0	0	0	1	1	1	0	0	1	NA	0	1	0	0	1	0	7
16	Gao Yan, et al.	1	1	1	0	0	0	1	1	0	1	1	1	0	1	1	0	1	0	1	1	0	13
17	He Shi Yu, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	0	0	1	NA	0	1	0	1	1	1	13
18	Mao Zhen, et al.	1	1	1	1	0	0	1	1	1	1	1	1	0	1	NA	0	1	0	1	1	0	14
19	Wang Xue, et al.	1	1	1	1	0	0	1	0	1	1	1	1	0	1	1	0	1	0	1	1	0	14
20	G. Zhang, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	0	0	1	NA	0	1	0	1	1	0	12

21	Li Tian, et al.	1	1	1	0	0	0	1	1	1	1	1	1	0	1	1	0	1	0	0	1	0	13
22	Yang Mei Xia, et al.	0	1	0	0	0	0	0	1	0	1	1	1	0	1	0	0	1	0	0	1	0	8
23	Yang Shu Mei	1	0	NA	0	0	0	1	1	1	1	1	0	0	1	NA	0	1	0	0	1	0	9
24	Liu Zhan Huai, et al.	0	0	NA	1	0	0	0	1	1	1	0	1	0	1	0	0	1	0	0	1	0	8
25	Li Shuang, et al.	1	0	NA	0	0	0	1	1	1	1	1	1	0	1	NA	0	1	0	1	1	0	11
26	Liu Wei Sheng, et al.	0	0	NA	0	0	0	0	1	1	1	0	0	0	1	0	0	1	0	0	0	1	6
27	Wang Chun Ling, et al.	1	0	NA	0	0	0	1	0	0	1	0	1	0	1	0	0	1	0	0	0	1	7
28	Chen Shu Juan	1	1	1	0	0	0	0	1	1	1	1	1	0	1	0	0	1	0	0	0	0	10
29	Bao Xiao Chun, et al.	1	1	0	1	1	1	1	1	1	1	1	0	0	1	1	0	1	0	1	1	0	15
30	Qin Ying Mei, et al.	1	1	1	1	1	0	1	1	1	1	1	1	0	1	NA	0	1	0	1	1	0	15
31	Qin Gui Lian, et al.	1	0	NA	NA	NA	NA	1	0	0	1	1	1	0	1	NA	0	1	0	0	1	1	9
32	Hu Xiao Mei, et al.	1	1	1	0	0	0	1	1	1	1	1	1	0	1	NA	0	1	0	0	1	1	13
33	Hou Xiao Mei, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	0	1	1	0	1	0	0	1	1	12
34	Zhao Xiao Yong , et al.	1	0	NA	1	1	1	0	0	0	1	0	0	0	0	NA	0	1	0	0	1	0	7
35	Hu Xiao Mei, et al.	1	0	NA	1	0	0	0	0	0	1	0	1	0	0	NA	0	1	0	0	1	0	6
36	Li Cai Lan, et al.	0	0	NA	NA	NA	NA	1	0	1	1	1	1	0	1	1	1	1	1	0	1	1	12
37	Liao Zi Peng, et al.	1	0	NA	NA	NA	NA	1	0	0	1	1	1	0	1	1	0	1	0	0	1	0	9
38	Yang Yu Ping, et al.	1	1	1	0	0	0	1	0	1	1	1	1	0	1	1	0	1	0	0	1	1	13

39	Ye Dan, et al.	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	0	1	0	0	1	0	16
40	Zhang Yan Hui, et al.	1	0	NA	1	0	0	0	1	1	1	1	1	0	1	NA	0	1	0	0	1	0	10
41	He Cui Hong, et al.	1	0	NA	0	0	0	1	1	1	1	1	1	1	1	0	1	1	0	1	1	1	14
42	Wang Jie, et al.	1	0	NA	0	0	0	1	1	1	1	1	1	0	1	1	0	1	0	0	1	0	11
43	Lan Shan Hui	1	1	0	1	1	1	1	1	0	1	1	1	0	1	1	0	0	0	0	1	0	13
44	Liu Yu Si, et al.	1	0	NA	0	0	0	1	1	1	1	1	0	0	1	0	0	1	0	0	1	1	10
45	Xia Zi Ming, et al.	1	1	1	NA	NA	NA	1	1	0	1	1	0	0	1	NA	0	1	0	0	1	1	11
46	Li Qiu Mei, et al.	0	1	1	0	0	0	1	0	1	1	0	1	0	1	1	0	1	0	0	1	0	10
47	Xie Yan Fen, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	1	0	1	1	0	1	0	0	1	1	14
48	Yue Yu Hua, et al.	1	1	1	1	1	1	1	0	0	1	1	1	0	1	0	0	1	0	0	0	0	12
49	Huang Ying Lan, et al.	1	0	NA	1	1	1	1	1	1	1	1	0	0	1	1	0	1	1	1	1	1	16
50	Qiu Jin Bao, et al.	0	0	NA	NA	NA	NA	1	0	0	1	1	0	0	1	NA	0	1	0	0	1	1	7
51	Wen Shan Yang	0	0	NA	NA	NA	NA	0	0	1	1	0	0	0	1	1	0	1	0	1	1	0	7
52	Kong Jie, et al.	1	1	1	NA	NA	NA	0	1	1	1	1	1	0	1	NA	0	1	0	0	1	0	11
53	Li Ya Nan, et al.	1	1	1	0	0	0	0	0	1	1	1	1	0	1	NA	0	1	0	0	1	0	10
54	Chu Li, et al.	1	0	NA	NA	NA	NA	1	1	1	0	1	0	0	1	NA	0	1	0	0	1	1	9
55	Song Yu Feng, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	0	0	1	1	0	1	0	0	1	0	10
56	Huang Hai Ting	1	1	0	NA	NA	NA	1	1	1	1	1	0	0	1	1	0	1	0	0	1	1	12
57	Zhao Bing Bing, et al.	1	1	0	NA	NA	NA	1	1	1	1	1	0	0	1	0	0	1	0	0	0	0	9
58	Zhou Xuan, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	1	1	1	0	0	1	0	0	0	0	12
59	Long Fei Yu, et al.	1	1	0	NA	NA	NA	1	1	1	0	1	1	0	1	NA	0	1	0	0	0	0	9

60	Zhang Xiao Ni, et al.	1	0	NA	NA	NA	NA	0	1	1	1	1	1	0	1	0	0	0	1	0	1	0	9
61	Zhu Xiao Xiang, et al.	1	1	1	0	0	0	1	1	1	1	1	1	0	1	NA	0	1	0	0	0	0	11
62	Shuai Qing Qing, et al.	1	0	NA	1	1	1	0	1	1	1	1	1	0	1	0	0	1	0	0	1	1	13
63	Liao Kai Ming, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	0	0	0	NA	0	1	0	1	1	1	12
64	Li Xin Qin, et al.	1	1	0	NA	NA	NA	1	1	1	1	1	1	0	1	NA	0	1	0	0	1	1	12
65	Zhao Lan, et al.	1	1	0	1	1	1	1	1	1	1	1	1	0	1	1	0	1	0	0	1	1	16
66	Gu Yun Qing, et al.	1	0	NA	1	0	0	1	0	1	1	1	1	0	1	1	0	1	1	0	1	1	13
67	Huang Li Jun, et al.	1	1	0	NA	NA	NA	0	1	1	0	1	1	0	1	1	0	1	0	0	1	0	10
68	Ceng Su Hua, et al.	1	1	0	NA	NA	NA	1	1	1	1	1	1	1	1	1	0	1	0	0	1	1	14
69	Peng Yuan Rong, et al.	1	1	0	0	0	0	1	1	1	1	1	1	0	1	NA	0	1	0	0	1	0	11
70	Li Chao, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	1	0	1	1	0	1	0	0	1	1	12
71	Wang Ming Ming, et al.	1	0	NA	NA	NA	NA	1	1	1	1	1	0	0	1	1	0	1	0	0	1	0	10
72	Liu Yan Ling, et al.	1	0	NA	0	0	0	1	1	1	1	1	1	0	1	1	0	1	0	0	1	1	12
73	Q. Li, et al.	1	1	1	NA	NA	NA	1	1	1	1	1	1	0	1	1	0	1	1	0	1	1	15
	Total	65	40	28	16	9	8	56	53	58	67	65	48	4	69	34	3	70	6	21	65	30	815

12.3 Quality assessment score of Tuina/massage RCTs

No.	First author	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Total
1	M. A. Fakhro, et al.	1	1	1	NA	NA	NA	0	0	1	0	1	0	0	0	0	1	1	0	1	0	0	0	8
2	G. Altun Ugras, et al.	1	1	1	NA	NA	NA	1	NA	1	0	1	1	0	1	1	NA	NA	1	1	1	1	1	14
3	I. Dunabeitia, et al.	1	1	1	NA	NA	NA	1	0	1	1	1	1	0	0	1	NA	NA	1	1	1	1	0	13
4	Zhang Yu Shuang	0	1	1	NA	NA	NA	0	NA	1	0	0	1	0	1	0	NA	NA	1	0	1	0	0	7
5	Chen Li Na, et al.	1	0	NA	NA	NA	NA	0	NA	1	0	1	1	0	1	0	NA	NA	1	0	1	0	0	7
6	Zhu Li Na, et al.	1	0	NA	NA	NA	NA	1	NA	1	0	1	1	0	0	0	NA	NA	1	0	1	1	0	8
7	Zheng Hao Yun, et al.	0	1	1	NA	NA	NA	1	NA	1	0	1	1	0	1	1	NA	NA	1	0	1	1	0	11
8	Zheng Wei Juan, et al.	1	1	1	1	1	1	1	NA	1	1	1	1	0	1	1	1	1	1	0	1	0	0	17
9	Jia Jing	1	1	0	NA	NA	NA	1	NA	1	0	1	1	0	1	0	1	1	1	0	1	1	1	13
10	Yu Gui Bo, et al.	1	0	NA	NA	NA	NA	1	NA	1	0	1	1	0	0	1	NA	NA	0	0	0	0	0	6
11	Li Zhen Zhen, et al.	0	0	NA	NA	NA	NA	1	NA	1	0	1	1	0	1	1	1	1	1	0	0	0	0	9
12	Huang Li Ping, et al.	0	1	0	NA	NA	NA	1	0	1	1	1	1	0	0	0	1	1	1	0	1	0	0	10
13	Lin Zhi Gang, et al.	1	1	0	NA	NA	NA	1	NA	1	0	1	1	0	1	1	1	1	1	0	1	0	1	13
14	Li Lu Guang, et al.	0	1	1	NA	NA	NA	1	NA	1	1	1	1	0	0	1	NA	NA	1	0	1	1	0	11
15	Tian Jun Song, et al.	1	1	1	NA	NA	NA	1	NA	1	0	1	1	0	1	1	1	1	1	0	1	1	0	14
16	Huang Zhi Yong, et al.	1	1	1	0	0	0	0	0	1	0	1	1	0	0	1	0	0	0	0	0	0	0	7
17	Huang Xiu, et al.	1	0	NA	NA	NA	NA	1	NA	1	1	1	1	1	1	1	1	1	1	0	0	1	1	14
18	Huang Cheng Yi,	1	1	1	1	0	0	0	NA	1	0	1	1	0	0	1	NA	NA	0	0	0	0	0	8

	et al.																							
19	M. H. El-Gendy, et al.	0	1	1	NA	NA	NA	0	NA	1	0	0	1	0	1	0	NA	NA	1	0	1	0	0	7
20	I. N. E. N. Mat, et al.	0	1	1	NA	NA	NA	0	1	1	0	1	1	0	0	1	NA	NA	1	0	1	0	0	9
21	M. Nekooi, et al.	0	1	1	NA	NA	NA	1	NA	1	0	1	1	0	1	1	NA	NA	1	0	1	1	0	11
22	S. Shahbazzadegan, et al.	1	1	1	NA	NA	NA	1	0	1	1	1	1	0	0	1	NA	NA	1	0	1	0	0	11
23	G. Lopez, et al.	1	1	1	NA	NA	NA	1	NA	1	1	1	0	1	0	0	NA	NA	1	1	1	1	0	12
24	Cao Qiu Ju	0	1	1	NA	NA	NA	1	NA	1	1	1	1	0	0	0	1	1	0	0	0	1	0	10
25	Sun Wen Hua	1	0	NA	NA	NA	NA	1	0	1	1	1	1	0	0	1	1	1	1	0	1	1	0	12
26	Guan Yu Dong	1	0	NA	NA	NA	NA	1	NA	1	1	1	1	0	1	1	1	0	1	0	0	1	0	11
27	Xie Su Juan, et al.	1	1	0	NA	NA	NA	0	0	1	0	1	1	0	0	1	1	1	1	0	1	1	1	12
28	Zhang Xin Ying, et al.	0	0	NA	NA	NA	NA	1	NA	1	0	1	1	0	1	1	1	1	0	0	1	1	0	10
29	Zhang Hong Bin, et al.	1	0	NA	NA	NA	NA	1	NA	1	1	1	1	0	0	1	1	1	1	0	1	1	1	13
30	Yang Xiao Yun, et al.	1	1	1	NA	NA	NA	1	NA	1	0	1	1	0	1	1	1	1	1	0	0	0	0	12
31	Zhang Shan Shan	0	1	1	NA	NA	NA	0	NA	1	1	1	1	0	0	0	1	0	1	0	0	0	0	8
32	Zheng Hui Ling	1	0	NA	1	1	1	0	NA	1	0	1	1	0	0	0	1	0	1	0	0	0	0	9
33	Chen Peng, et al.	1	0	NA	NA	NA	NA	1	NA	1	0	1	1	0	0	1	1	1	1	1	0	1	0	11
34	Sun Huang Tao et al.	0	0	NA	NA	NA	NA	1	NA	1	0	1	1	0	1	1	1	0	1	0	0	0	0	8
35	Wang Mei, et al.	0	1	0	NA	NA	NA	0	NA	1	1	1	1	0	1	1	1	1	1	1	1	1	0	13
36	Zhou Zhi Yue, et al.	1	1	0	0	0	0	0	NA	1	1	1	1	0	0	1	1	1	1	0	1	1	0	12
37	Wang Nan Tian, et al.	1	1	0	NA	NA	NA	0	NA	1	1	1	0	0	0	1	NA	NA	1	0	0	1	1	9

38	Shen Xiao Hua, et al.	1	1	0	NA	NA	NA	1	NA	1	1	1	1	0	1	1	1	1	0	0	1	1	0	13
39	Li Hong Bo	0	1	1	NA	NA	NA	1	NA	1	0	1	1	0	0	1	1	1	0	0	1	1	0	11
40	Yang Yan, et al.	0	1	1	NA	NA	NA	1	NA	1	1	1	0	0	0	1	NA	NA	1	0	1	1	0	10
41	Xie Wen Juan, et al.	1	0	NA	NA	NA	NA	0	NA	1	0	1	0	0	0	1	NA	NA	1	0	1	1	1	8
42	Wang Qian, et al.	0	1	1	NA	NA	NA	0	NA	1	0	1	1	0	0	0	1	1	1	0	1	1	0	10
43	Su Lu Zhen	1	0	NA	NA	NA	NA	1	NA	1	0	1	1	0	1	0	1	1	1	0	1	1	0	11
44	Le Chun Yun, et al.	1	0	NA	1	1	0	1	NA	0	0	1	0	0	0	1	1	1	1	0	1	1	0	11
45	Lu Jian Cong, et al.	1	1	1	NA	NA	NA	1	NA	1	1	1	1	0	1	1	NA	NA	1	0	1	1	0	13
46	Wang Su Shi, et al.	1	0	NA	NA	NA	NA	0	0	1	1	1	1	0	0	1	NA	NA	1	0	1	1	1	10
47	Wang Xin Liang	1	1	1	1	1	1	0	0	1	0	1	1	0	0	0	0	0	1	0	0	0	0	10
48	Wei Wei, et al.	1	0	NA	NA	NA	NA	1	NA	1	1	1	1	0	1	1	NA	NA	0	0	1	0	0	9
49	Yu Ying, et al.	1	1	1	NA	NA	NA	1	NA	1	1	1	1	1	1	1	1	1	1	0	0	1	0	15
50	Feng Liang	1	1	1	NA	NA	NA	1	NA	1	0	1	1	0	1	0	1	0	1	0	1	0	0	11
51	Ma Wei Jun	1	1	1	NA	NA	NA	1	NA	1	1	1	1	0	0	1	NA	NA	1	0	1	1	0	12
52	Feng Hao, et al.	1	1	1	NA	NA	NA	1	NA	1	1	1	1	0	1	0	NA	NA	1	0	1	1	0	12
53	Liu Ying Ying	1	0	NA	NA	NA	NA	1	NA	1	0	1	1	0	0	1	1	1	0	0	0	1	0	9
54	Su Xiao Yan	0	1	0	NA	NA	NA	1	0	1	0	1	1	0	0	1	1	1	0	0	1	1	0	10
55	Cai Jia Jun	1	1	1	NA	NA	NA	1	0	1	1	1	1	0	0	1	NA	NA	0	0	1	1	0	11
56	Ren Zheng Jun, et al.	1	1	0	NA	NA	NA	0	NA	1	1	0	1	0	1	1	1	1	1	0	1	1	0	12
57	Zhang Yan Qin, et al.	1	0	NA	0	0	0	1	NA	1	1	1	1	1	1	0	1	1	1	0	1	1	0	13
58	Xu Xia	0	0	NA	NA	NA	NA	0	NA	1	1	1	1	1	0	1	1	1	1	1	1	1	0	12
59	Yin Peng Feng, et al.	0	1	0	NA	NA	NA	0	NA	1	0	1	0	0	0	1	NA	NA	1	0	1	1	1	8
60	Wu Jun Ge	1	1	1	NA	NA	NA	0	NA	0	0	0	0	0	0	0	NA	NA	0	0	1	0	0	4

61	Yang Zhen Fang , et al.	1	1	0	NA	NA	NA	1	NA	1	0	1	1	0	1	1	1	1	0	0	1	1	0	12
62	Chen Han Xin, et al.	1	1	1	NA	NA	NA	0	NA	1	1	0	1	0	1	0	NA	NA	1	0	1	1	0	10
63	Wang Jie, et al.	1	1	0	NA	NA	NA	1	NA	1	1	1	1	0	1	1	NA	NA	1	0	1	1	0	12
64	Jiang Qing Ling	1	1	1	NA	NA	NA	0	0	1	1	1	1	0	0	1	1	0	1	0	1	0	0	11
65	Ma Xiao Qi	1	0	NA	NA	NA	NA	1	NA	0	0	1	0	0	0	0	NA	NA	1	0	0	0	0	4
66	Zhang Hai Qing, et al.	1	1	1	NA	NA	NA	1	0	1	0	1	1	1	1	0	1	1	1	1	1	1	0	15
67	Chen Kun Li, et al.	1	1	1	NA	NA	NA	1	NA	1	0	0	1	0	1	1	1	1	1	0	1	1	0	13
68	Li Gui Feng, et al.	0	1	0	NA	NA	NA	0	NA	1	1	0	1	0	0	0	NA	NA	0	0	1	1	0	6
69	Zhang Fan	1	1	1	NA	NA	NA	0	NA	1	1	1	0	0	0	1	1	1	0	0	1	1	0	11
70	Li Wen Hui, et al.	1	1	0	NA	NA	NA	1	NA	1	0	1	0	0	0	1	NA	NA	1	0	1	1	0	9
71	Wang Hong Qiao, et al.	1	1	1	NA	NA	NA	1	NA	1	0	0	1	0	1	0	1	1	0	0	1	1	0	11
72	Chen Ke	0	0	NA	NA	NA	NA	1	NA	1	0	1	1	0	0	1	1	1	0	0	1	0	0	8
73	Deng Lei, et al.	1	1	1	NA	NA	NA	0	0	1	0	1	1	1	1	1	1	0	1	1	1	0	0	13
74	Cai Jia Jun	1	1	0	NA	NA	NA	1	NA	1	0	1	1	0	0	1	1	1	0	0	1	1	0	11
75	Chen Yu Qin, et al.	1	1	1	NA	NA	NA	0	NA	1	0	1	1	0	1	1	0	0	0	0	0	0	0	8
76	Lü Li Jiang, et al.	1	0	NA	NA	NA	NA	1	NA	1	0	1	1	0	0	1	NA	NA	1	0	0	1	0	8
77	Wu Qian Dan, et al.	1	1	0	NA	NA	NA	1	NA	1	1	1	1	0	0	1	NA	NA	1	0	0	1	0	10
78	Jiang Chuan Jie, et al.	1	1	1	NA	NA	NA	1	NA	1	1	1	1	0	1	1	NA	NA	1	0	1	1	1	14
79	Jiang Hui, et al.	1	1	1	NA	NA	NA	0	NA	1	1	1	1	1	1	1	1	0	0	1	1	0	0	13
80	Ye Wen Xiong, et al.	1	0	NA	NA	NA	NA	0	NA	1	0	1	1	0	0	1	NA	NA	1	0	0	1	0	7
81	Wang Zong Jiao, et al.	1	1	0	NA	NA	NA	0	NA	1	1	1	1	0	1	1	NA	NA	1	0	0	1	0	10

82	Fang Gang, et al.	1	1	1	NA	NA	NA	1	NA	1	0	1	1	0	1	0	NA	NA	1	0	1	1	0	11
83	Cai Wen Ying	1	1	1	1	0	0	1	0	1	1	1	1	0	1	0	NA	NA	1	0	1	1	0	13
84	Zhao Yong, et al.	1	1	1	0	0	0	1	NA	1	0	1	1	0	1	1	NA	NA	1	0	0	1	0	11
85	Sun Lu Lu, et al.	1	1	1	1	1	0	0	NA	1	0	1	0	0	0	0	0	1	1	0	0	1	0	10
	Total	64	61	43	7	5	3	54	1	82	37	77	73	8	40	59	43	36	64	10	60	58	11	896

12.4 Quality assessment score of cupping RCTs

No.	First author	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Total
1	Niu Yan Xia, et al.	1	1	0	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	NA	0	1	0	0	1	14
2	Wang Yong Zhong, et al.	1	1	0	NA	NA	NA	1	1	1	0	1	1	1	1	0	0	1	0	1	0	0	1	12
3	Wang Jia, et al.	1	1	1	1	1	0	1	1	1	1	1	1	1	0	1	1	NA	0	1	1	0	1	17
4	Jiang Liang Hua	1	1	1	NA	NA	NA	1	1	1	1	1	1	1	1	0	1	1	0	1	1	0	1	16
5	Zhang Wei Wei	1	1	0	0	0	0	1	0	1	0	1	1	1	1	1	1	1	1	1	0	0	0	13
6	Chen Yan Xuan, et al.	1	0	NA	NA	NA	NA	1	1	1	0	0	1	1	1	1	0	1	0	1	0	1	0	11
7	Liu Yan, et al.	1	1	0	NA	NA	NA	0	1	1	1	1	0	0	0	0	0	1	0	1	0	0	1	9
8	Huang Yan Fang, et al.	1	1	0	1	1	0	0	1	1	0	1	1	1	1	1	0	1	0	1	1	0	1	15
9	Zhang Fang	1	1	0	1	0	0	1	1	1	1	0	1	1	1	1	0	0	0	1	0	0	1	13
10	Cen Yuan Yuan, et al.	1	0	NA	1	1	0	0	1	1	1	1	1	1	1	0	1	NA	0	0	0	1	0	12
11	Chen Mei Ren, et al.	1	0	NA	0	0	0	1	0	1	1	1	1	1	0	1	1	0	0	1	0	0	1	11
12	Yao Rui, et al.	1	0	NA	1	1	1	0	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	17
13	Liu Rui	1	1	0	NA	NA	NA	0	0	1	1	1	0	0	1	1	0	NA	0	1	0	1	1	10
14	Xiu Ying	1	1	0	NA	NA	NA	1	1	1	1	1	1	1	1	0	1	1	0	1	0	1	1	15
15	Hou Yan Wei, et al.	1	0	NA	0	0	0	1	1	1	0	1	1	1	1	1	1	1	0	1	0	1	1	14
16	Jin Yang, et	1	0	NA	NA	NA	NA	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	15

	al.																							
	Total	16	10	2	5	4	1	11	13	16	11	14	14	14	13	11	10	10	1	15	3	7	13	214