

Peer Review File

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**Responds to the reviewer' comments:**

**Comment 1:** In Part 1, Introduction, it is important to clarify that the overall prevalence of 4.1% is mentioned on the basis of the Rome IV diagnostic criteria.

**Reply 1:** Thank you very much for your comments. We have clarified that the overall prevalence of 4.1% is mentioned on the basis of the Rome IV diagnostic criteria.

**Changes in the text:** We have revised “with a global average prevalence of approximately 4.1%” to “**The global average prevalence of IBS is approximately 4.1% based on the Rome IV diagnostic criteria**”. (see page 3, line 51-52.)

**Comment 2:** In Part 1. Introduction, I invite you to mention that acupuncture, belonging to the field of TCMs as well as acupoint therapy, has been evaluated for its efficacy for IBS (including IBS-D) using a recently published network meta-analysis (Dai Y-K, Wu Y-B, Li R-L, Chen W-J, Tang C-Z, Lu L-M, et al. Efficacy and safety of non-pharmacological interventions for irritable bowel syndrome in adults. World J Gastroenterol. 7 Nov 2020;26(41):6488-509). The authors of this NMA reported that there is a potential benefit of acupuncture for IBS.

**Reply 2:** Thank you for your comments, in response to which we have added this finding of recent published network meta-analysis (Dai Y-K, Wu Y-B, Li R-L, Chen W-J, Tang C-Z, Lu L-M, et al. Efficacy and safety of non-pharmacological interventions for irritable bowel syndrome in adults. World J Gastroenterol. 7 Nov 2020;26(41):6488-509) in Part 1 (Introduction), in order to supplement the relevant evidence of acupuncture treatment for IBS.

**Changes in the text:** We have added the following related statements: “**Recently, Dai et al. (18) conducted a network meta-analysis (NMA) to evaluate nonpharmacological interventions for IBS. By comparing its efficacy and safety with those of five other nonpharmacological interventions (moxibustion, biofeedback therapy, dietary regulation, cognitive behavioral therapy, and probiotics-based treatment), the authors found that acupuncture performed best in improving clinical efficacy and avoiding adverse effects. This finding suggests that acupoint therapy in which the needle pierces the patient’s skin may be a potentially effective treatment for IBS. However, there is a**

lack of strong evidence regarding the efficacy and safety of acupoint application therapy in patients with IBS-D, and the appropriate choices of acupuncture points and Chinese herbs for IBS-D treatment still need clarification.” (see page 4-5, line 86-91.)

**Comment 3:** In part 2.5, I assume that you do not intend to limit the literature search to a specific time period as I do not see any information on this. However, I invite you to provide this information.

**Reply 3:** Thank you very much for your comments, which for our paper are particularly invaluable. According to your suggestion, we have supplemented the time period of this protocol.

**Changes in the text:** We have defined the time period for the literature search as “**from their inception to June 1, 2022**” (see page 2, line 30-31) and “**from the date of their inception to June 1, 2022**” (see page 8, line 160), The revised search flow can be seen in Table 1 and Table S1. (see page 9-11.)