Characteristics of included studies	Cancer (survivors)		
Study ID	**Donoyama 2013**		
Study reference	Donoyama N, Satoh T, Hamano T, Ohkoshi N, Onuki M. Effects of Anma therapy (Japanese massage) on health-related quality of life in gynaecologic cancer survivors: A randomized controlled trial. [References]. PLoS ONE. 2018;13(5). Donoyama N, Satoh T, Hamano T. Effects of Anma massage therapy (Japanese massage) for gynaecological cancer survivors: study protocol for a randomized controlled trial. Trials. 2013;14:233. Donoyama N, Satoh T, Hamano T, Ohkoshi N, Onuki M. Physical effects of Anma therapy (Japanese massage) for gynaecologic cancer survivors: a randomized controlled trial. Gynaecologic oncology. 2016;142(3):531-8 Nozomi D. Effects of Anma Therapy (Japanese Massage) on Subjective Physical Symptoms in Gynaecologic Cancer Survivors: Data from a Randomized Controlled Trial...81st Annual Meeting. Journal of the Japanese Society of Balneology, Climatology & Physical Medicine. 2017;80(1):21-. UMIN000009097 (https://upload.umin.ac.jp/cgi-open-bin/ctr/ctr.cgi?function=brows&action=brows&type=summary&recptno=R000010670&language=E)		
Study design	RCT	Allocation sequence generated by block randomisation	
Author affiliation	4 authors are affiliated with tertiary institutions in Japan; 1 author affiliated with Statistics company - Statistics Co. Ltd		
Source of funds	Grant-in-aid (No. 22531058) for Scientific Research from the Ministry of Education, Culture, Sports, Science and Technology, Japan, 2010-2014 (PI: Nozomi Donoyama).		
Declared interests of study authors	One of the authors (TH) runs a commercial company P4 Statistics Co. Ltd., Tokyo, Japan. All other authors have no interests to declare		
Setting / provider	Not reported		
Country(s) / region	Japan	Tsukuba, Ibaraki 305-8521, Japan	
Enrolment period	December 2012 to November 2014		
Length of follow up (months)	8 weeks		
Description of population	*N=*	*Description*	
participants	40	Gynaecological cancer (survivors)	
details	*Inclusion criteria:* histologically confirmed to have uterine cervical, endometrial, ovarian, fallopian tube, or peritoneal cancer in the past but with no recurrence in more than three years since receipt of standard medical treatment, who is over 20 years of age at the time of registration to the study, and who is selected by her doctor to be eligible for the study. *Exclusion criteria:* Progressive infectious disease, receiving treatment for organ disease (e.g. heart, liver, kidney), cognitive disorder.		

Characteristics of included studies	Cancer (survivors)					
Study ID	**Donoyama 2013**					
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*				
Intervention	20	Anma massage group receive a 40-minute Anma massage session weekly over a two-month intervention period (total of eight Anma massage sessions). Anma is performed through the clothing, with stimulation intensity applied according to the patient's comfort.				
Comparator #1 (control)	20	No intervention. They met with the massage therapist at the coordinating office on the first day of their scheduled trial period to receive a 40-min semi-structured chat intervention with no massage while seated. Participants returned after 8 weeks for a follow up assessment and received a free Anma massage as a thanks.				
Comparator #2 (other)	--	--				
Comparator #3 (other)	--	--				
Co-interventions	Both groups received usual care as directed by their medical doctors					
Is practitioner/ instructor certified?	Yes	Include in subgroup A	Anma was conducted by a national massage practitioner license from Japan and >20 years of experience performed all massage sessions to avoid differences in technical capabilities.			
Is there an inactive comparator?	Yes	Comparison=control				
Outcomes (measure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Primary	Pain (subjective physical complaint)	baseline, end of treatment (8 wks)	VAS	Higher score means more severe degree of physical complaint	
2	Secondary	Anxiety	baseline, end of treatment (8 wks)	Hospital Anxiety Depression Scale (HADS)	Lower scores means lesser degree of anxiety	reliability and validity has been established for use in Japanese patients
3	Secondary	Depression	baseline, end of treatment (8 wks)	Hospital Anxiety Depression Scale (HADS)	Lower scores means lesser degree of depression	
4	Secondary	Global health status/QoL	baseline, end of treatment (8 wks)	European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30	Higher score means a higher response level	

Characteristics of included studies	Cancer (survivors)				
Study ID	**Donoyama 2013**				
5	Secondary	Physical functioning	baseline, end of treatment (8 wks)	EORTC QLQ-C30 subscale	higher score means better functioning
6	Secondary	Role functioning	baseline, end of treatment (8 wks)	EORTC QLQ-C30 subscale	higher score means better functioning
7	Secondary	Emotional functioning	baseline, end of treatment (8 wks)	EORTC QLQ-C30 subscale	higher score means better functioning
8	Secondary	Cognitive functioning	baseline, end of treatment (8 wks)	EORTC QLQ-C30 subscale	higher score means better functioning
9	Secondary	Social functioning	baseline, end of treatment (8 wks)	EORTC QLQ-C30 subscale	higher score means better functioning
10	Secondary	Fatigue	baseline, end of treatment (8 wks)	EORTC QLQ-C30 subscale	higher score means worse symptoms
11	Secondary	Nausea and vomiting	baseline, end of treatment (8 wks)	EORTC QLQ-C30 subscale	higher score means worse symptoms
12	Secondary	Pain	baseline, end of treatment (8 wks)	EORTC QLQ-C30 subscale	higher score means worse symptoms
13	Secondary	Dyspnoea	baseline, end of treatment (8 wks)	EORTC QLQ-C30 subscale	higher score means worse symptoms
14	Secondary	Insomnia	baseline, end of treatment (8 wks)	EORTC QLQ-C30 subscale	higher score means worse symptoms
15	Secondary	Appetite loss	baseline, end of treatment (8 wks)	EORTC QLQ-C30 subscale	higher score means worse symptoms
16	Secondary	Constipation	baseline, end of treatment (8 wks)	EORTC QLQ-C30 subscale	higher score means worse symptoms
17	Secondary	Diarrhoea	baseline, end of treatment (8 wks)	EORTC QLQ-C30 subscale	higher score means worse symptoms
18	Secondary	Financial difficulties	baseline, end of treatment (8 wks)	EORTC QLQ-C30 subscale	higher score means worse symptoms
19	Secondary	Stress	baseline, end of treatment (8 wks)	Urinary stress level biomarkers	Higher score means higher levels of stress
26	Secondary	Mood disturbance	baseline, end of treatment (8 wks)	Profile of Mood States (POMS) - total score	

Characteristics of included studies	Cancer (survivors)			
Study ID	**Donoyama 2013**			
20	Secondary	Tension-Anxiety	baseline, end of treatment (8 wks)	POMS Scales subscale
21	Secondary	Depression-Dejection	baseline, end of treatment (8 wks)	POMS Scales subscale
22	Secondary	Anger-Hostility	baseline, end of treatment (8 wks)	POMS Scales subscale
23	Secondary	Vigor	baseline, end of treatment (8 wks)	POMS Scales subscale
24	Secondary	Fatigue	baseline, end of treatment (8 wks)	POMS Scales subscale
25	Secondary	Confusion	baseline, end of treatment (8 wks)	POMS Scales subscale
27	Secondary	Fighting spirit	baseline, end of treatment (8 wks)	Measure of Adjustment to Cancer (MAC) Scales subscore
28	Secondary	Helplessness/hopelessness	baseline, end of treatment (8 wks)	MAC Scales subscore
29	Secondary	Anxious preoccupation	baseline, end of treatment (8 wks)	MAC Scales subscore
30	Secondary	Fatalism	baseline, end of treatment (8 wks)	MAC Scales subscore
31	Secondary	Avoidance	baseline, end of treatment (8 wks)	MAC Scales subscore
Method of analysis				
Statistics	Analysis of covariance for primary analysis. For secondary analyses, categorical variables described in terms of frequency and percentage. The distributions of continuous variables will be descriptive only. A two-sample t-test or paired t-test used to detect differences in continuous variables. Pearson's $\chi 2$ test for categorical variables			
Population analysed	Intent-to-treat	All randomised participants include in the analysis.		
Missing data	No	All data available. PP analysis not conducted.		

Characteristics of included studies	Diabetes		
Study ID	**Jie-er 2018**		
Study reference	Jie-era L, Qi L, Yantao Z. Observation of point massage combined with meridians beat for improving symptoms in patients with diabetic peripheral neuropathy. International Journal of Clinical Acupuncture. 2018;27(3):176-9.		
Study design	RCT	pseudorandomised	According to order of admission, participants were randomised
Author affiliation	All 3 authors are affiliated with a tertiary institution in China		
Source of funds	Not reported		
Declared interests of study authors	Not reported		
Setting / provider	Single centre	Not reported	
Country(s) / region	China	Guangzhou	
Enrolment period	February 2015 to December 2016		
Length of follow up (months)	0.5 months (2 weeks)		
Description of population	*N=*	*Description*	
participants	60	Diabetes (with peripheral neuropathy)	
details	*Inclusion criteria:* Must meet the diabetic peripheral neuropathy (DPN) diagnostic criteria: [1] history of diabetes and secondary neuropathy, abnormal sputum reflex, analgesia, vibrator dysfunction or pressure dysfunction; [2] aged 30 to 70 years old; [3] complied with treatment; [4] had complete clinical data; [5] gave informed consent *Exclusion criteria:* [1] Peripheral neuropathy was caused by infection, chemical damage, nutritional disorders etc.; [2] had concurrent diseases such as severe heart, liver, lung, kidney, brain and other organ dysfunction; [3] participating in other research; [4] not suitable for acupoint massage or meridian beat; [5] had local skin infection or skin lesions; [6] other factors that interfered with the results of the study		
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*	

Characteristics of included studies	Diabetes					
Study ID	**Jie-er 2018**					
Intervention	30	Combined acupoint massage and meridian beat: Massage on Taichong (LR3), Taixi (KI3), Zusanli (ST36), Sanyinjiao (SP6), Weizhong (BL40) and Chengshan (BL57); and, tapping on the bladder, liver, gallbladder, spleen, stomach and kidney meridians of both lower limbs, first Yang meridian, then Yin meridian, first lateral and then medial, 15 minutes per session, twice daily for two weeks.				
Comparator #1 (control)	--	--				
Comparator #2 (other)	30	Mecobalamin tablets orally, 0.5 mg, 3 times per day				
Comparator #3 (other)	--	--				
Co-interventions	Routine care (diet control, exercise therapy, insulin)					
Is practitioner/instructor certified?	Yes	Include in subgroup A				
Is there an inactive comparator?	No	Comparison=other				
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Not specified	Glycaemic control	Baseline, end of treatment (2 wks)	Fasting glycaemia (blood glucose)	Higher score means greater blood glucose levels	
2	Not specified	Glycaemic control	Baseline, end of treatment (2 wks)	Postprandial glycaemia (blood glucose)	Higher score means greater blood glucose levels	
3	Not specified	Cardiovascular disease risk	Baseline, end of treatment (2 wks)	Blood pressure, systolic	Higher score means worse outcome	
4	Not specified	Cardiovascular disease risk	Baseline, end of treatment (2 wks)	Blood pressure, diastolic	Higher score means worse outcome	

Characteristics of included studies	Diabetes				
Study ID	**Jie-er 2018**				
5	Not specified	Clinical efficacy	Baseline, end of treatment (2 wks)	Guiding principles of Chinese medicine	Markedly effective: clinical symptoms improved significantly, and total score of syndromes decreased by >70%. Effective: clinical symptoms were relieved, and the total score of syndrome was reduced by 30–70%.
6	Not specified	Traditional Chinese Medicine Syndrome	Baseline, end of treatment (2 wks)	Not reported	Higher score means greater risk of TCM syndrome
7	Not specified	Observed effect	Baseline, end of treatment (2 wks)	Ankle Brachial Index	Higher score means better outcome or less risk peripheral vascular disease
8	--	--			
9	--	--			
Method of analysis					
Statistics	SPSS 17.0 was used for data processing. The two-sided test was used. The t-test was used for comparison between groups (non-normal or variance using the rank sum test), the count data was expressed by the composition ratio or rate, the $\chi 2$ -test was used for comparison between groups, and the rank data was used for rank data. $P < 0.05$ was statistically significant				
Population analysed	Intent-to-treat	There is no information suggesting that the investigators failed to analyse participants in the group to which they were randomised.			
Missing data	No	The study does not report any patient drop out or missing data.			

Characteristics of included studies	Obesity		
Study ID	**Guo 2015**		
Study reference	Guo L, Fu X, Jiang ZM, Xu AG. Acupoint massage nursing conducive to improve curative effect of the obesity patients who are complicated with hypertension and are treated by oral drugs. International Journal of Clinical and Experimental Medicine. 2015;8(7):11727-33.		
Study design	RCT	Random digit table	
Author affiliation	All authors are associated with a department at a hospital that is affiliated with a tertiatry institution		
Source of funds	Not reported		
Declared interests of study authors	The authors declared no conflicts on interest		
Setting / provider	Outpatient	First affliated Hospital of Zhengzhou University	
Country(s) / region	China	Henan province	
Enrolment period	Not reported		
Length of follow up (months)	3 months		
Description of population	*N=*	*Description*	
participants	42	Obesity (with hypertention)	
details	*Inclusion criteria:* Patients with clinic diagnosis standards of simple obesity, who are complicated with mild and moderate hypertension and visit the doctors in the outpatient of the First Affiliated Hospital of Zhengzhou University *Exclusion criteria:* Patients wtih severe hypertension patients, who are complicated with the severe heart, brain, liver, kidney dysfunction, pregnant women and other patients who can't accept the practice treatment		
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*	

Characteristics of included studies	Obesity					
Study ID	**Guo 2015**					
Intervention	21	Acupoint massage: Selected acupoints were Zusanli, Juegu, Yongquan and Quchi massaged by kneading the acupoints and their surrounding muscle tissues. The thumb is then used to press acupoints. This process lasts for about 1 minute and then the same method is used to knead and stimulate the next acupoint.Acupoint massage is provided once a day. Massage therapy lasts for 40 minutes each day. The patients are treated for 6 weeks.				
Comparator #1 (control)	21	No intervention				
Comparator #2 (other)	--	--				
Comparator #3 (other)	--	--				
Co-interventions	Captopril tablets: 2 times daily, 12.5 mg each time					
Is practitioner/instructor certified?	Yes	Include in subgroup A	Professional traditional chinese masagist			
Is there an inactive comparator?	Yes	Comparison=control				
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Not specified	Anthropometrics	Baseline, end of treatment (12 wks)	Body weight	kilogram (kg)	
2	Not specified	Anthropometrics	Baseline, end of treatment (12 wks)	Body fat %	JS7-G65 type human body composition analyzer	
3	Not specified	Cardiometabolic disease risk	Baseline, end of treatment (12 wks)	Total cholesterol	Japanese Olympus 2700 automatic biochemical analyzer	
4	Not specified	Cardiometabolic disease risk	Baseline, end of treatment (12 wks)	Triglycerides	Japanese Olympus 2700 automatic biochemical analyzer	

Characteristics of included studies	Obesity				
Study ID	**Guo 2015**				
5	Not specified	Cardiometabolic disease risk	Baseline, end of treatment (12 wks)	LDL-C	Japanese Olympus 2700 automatic biochemical analyzer
6	Not specified	Cardiometabolic disease risk	Baseline, end of treatment (12 wks)	HDL-C	Japanese Olympus 2700 automatic biochemical analyzer
7	Not specified	Cardiometabolic disease risk	Baseline, end of treatment (12 wks)	Blood pressure, systolic	electronic upper arm hamnatodynamometer
8	Not specified	Cardiometabolic disease risk	Baseline, end of treatment (12 wks)	Blood pressure, diastolic	electronic upper arm hamnatodynamometer
9	Not specified	Antihypertensive response	Baseline, end of treatment (12 wks)	Guiding Principles of Clincial research in TCM	Divided into 4 categories: cure, markedly effective, effective, ineffective
Method of analysis					
Statistics	SPSS 13.0 version statistical software was used. The measurement data is compared by using t test, while the count data is compared by using x2 test.				
Population analysed	Intent-to-treat	There is no information suggesting that the investigators failed to analyse participants in the group to which they were randomised.			
Missing data	No	The study does not report any patient drop out or missing data.			

Characteristics of included studies	Obesity		
Study ID	**Yan 2014**		
Study reference	Yan, B. H., et al. (2014). "The effect of meridian massage on BM, BMI, WC and HC in simple obesity patients: A randomized controlled trial." World Journal of Acupuncture - Moxibustion 24(1): 6-50.		
Study design	RCT	Statistical analysis software	
Author affiliation	All 4 authors are affiliated with tertiary institution in China		
Source of funds	Not reported		
Declared interests of study authors	The authors declared no conflicts on interest		
Setting / provider	Single centre	Outpatient massage clinic in the Affilited Hospital of Chengdu	
Country(s) / region	China	Chengdu	
Enrolment period	Not reported		
Length of follow up (months)	2 months		
Description of population	*N=*	*Description*	
participants	60	Obesity (BMI > 25)	
details	*Inclusion criteria:* BMI > 25.0, 18-50 years old, male waist circumference > 85cm, female waist circumference > 80cm, patients of excessive appetite, normal bowel movements or constipoation, consented. *Exclusion criteria* **:** endocrine and metabolic diseases (diabetes, hyperadrenocorticism, hypothyriodism, cushing syndrome, gonadhypogonadism etc), long-term hormone use, hypotic or other psychoactive and nervous drugs, patients concurrent with functional uterine bleeding, amenorrhea, infertility and climacteric syndrome, hyptertension, cardiovascualr and cerebrovascular diseases, pregnant/lactating women, patients using weight reducing drugs in the last 3 months		
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*	

Characteristics of included studies	Obesity						
Study ID	**Yan 2014**						
Intervention	30	Meridian massage: *Meridians:* stomach, spleed, bladder. Acupoints: Guanyuan (CV 4), Qihai (CV 6), Zhongwan (CV 12), Daheng (SP 15, both sides), Tianshil (ST 25, both sides), Zusiinll (ST 36, both sides), Fenglong (ST 40, both sides) and Ashi points (position of fat accumulation). *Method:* Rolling manipulation (stomach, spleen and bladder meridians) for 5 minutes, acupressure and pressing manipulation at 'other acupoints' for 30 seconds at each acupoint. All treatments were carried out 3 times a week for a total of 24 times (i.e. 8 weeks).					
Comparator #1 (control)	30	No intervention					
Comparator #2 (other)	--	--					
Comparator #3 (other)	--	--					
Co-interventions	Diet: Protein 15-20%, carbohydrate 60-65%, fat 25% + breakfast (35%), lunch (40%), dinner (25%). Unknown duration Exercise: moderate (average HR 100-200bmp) or low (HR 80-100 bmp) exercise (walking, fast walking, jogging) for 40-50 minutes once per day. Unknown duration.						
Is practitioner/instructor certified?	Yes	Include in subgroup A					
Is there an inactive comparator?	Yes	Comparison=control					
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*	
1	Not specified	Anthropometrics	Baseline, end of treatment (24 wks)	Body weight	kilogram (kg)		
2	Not specified	Anthropometrics	Baseline, end of treatment (24 wks)	Body mass index	kilogram/metre2		
3	Not specified	Anthropometrics	Baseline, end of treatment (24 wks)	Waist circumference	centimetres		
4	Not specified	Anthropometrics	Baseline, end of treatment (24 wks)	Hip circumference	centimetres		

Characteristics of included studies	Obesity	
Study ID	**Yan 2014**	
5	--	--
6	--	--
7	--	--
8	--	--
9	--	--
Method of analysis		
Statistics	SAS 8.2 statistical software package was used for the statistical analysis, the measurement data were represented by mean ± standard deviation (x ±s), t-test was carried out for between-run comparison, i-test was carried out for the numeration data and P< 0.05 indicated that the difference was statistically significant.	
Population analysed	Intent-to-treat	Modified. 6/60 (10%) of patients were lost (2/60) or rejected (4/60) the treatment. 54 patients were included in the analysis (28 patients in the massage group and 26 patients were in the control group)
Missing data	Yes	No imputations for missing data were made. PP analysis not conducted.

Characteristics of included studies	Neurocognitive disorders			
Study ID	**Lanza 2018**			
Study reference	Lanza, G., et al. (2018). "Shiatsu as an adjuvant therapy for depression in patients with Alzheimer's disease: a pilot study." Complementary Therapies in Medicine 38: 74-78.			
Study design	RCT	Other (specify)	Pilot study	Computer-generated random numbers by an operator not involved in the study.
Author affiliation	Research institute, three tertiary institutions and hospital in Italy			
Source of funds	No funding sources to declare			
Declared interests of study authors	The authors declared no conflicts on interest			
Setting / provider	Single centre	Alzheimer Community Center		
Country(s) / region	Italy	Piazza Armerina		
Enrolment period	10 months			
Length of follow up (months)	Patients were not followed up after the end of the study			
Description of population	*N=*	*Description*		
participants	12	Depression in patients with Alzheimer's disease		
details	*Inclusion criteria:* age> 65 years; MMSE11 score 16 - 24; Clinical Dementia Rating (CDR)12 scale≤2; DSM-5 diagnostic criteria for persistent depressive disorder; adequate visual and auditory abilities; functional mobility; presence of caregivers; stable dose regimen of memantine and/or cholinesterase inhibitors for at least 6 months prior to the enrolment *Exclusion criteria:* Neurological disorders other than AD, major psychiatric illness other than depression (except for anxiety, if secondary to depression), severe dementia (MMSE<16 and/or CDR>2), inability to perform the tests and/or interventions, acute/unstable medical illness or organ failure, diffuse neoplasm, alcohol or drug abuse, mood or cognitive disorder due to endocrinopathies or intake of drugs causing depressive symptoms, current use of medication for cognitive enhancement (e.g., ginkgo biloba) other than cholinesterase inhibitors and/or memantine, recent fractures or other orthopaedic problems, active infection of the skin, soft tissues or other skin conditions or muscular-skeletal problems.			
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*		

Characteristics of included studies	Neurocognitive disorders						
Study ID	**Lanza 2018**						
Intervention	6	Shiatsu: 40 minutes once per week for 10 months by the same therapist by applying pressure to trigger points of the meridians, which was customised for each patient.					
Comparator #1 (control)	6	No intervention					
Comparator #2 (other)	--	--					
Comparator #3 (other)	--	--					
Co-interventions	--	Physical activity: 10 month program of motor activity, three times a week e.g. aerobic exercises of mild intensity - exercises for balance and gait etc.					
Is practitioner/instructor certified?	Yes	Include in subgroup A	senior therapise with clinical experience, according to TCM principles.				
Is there an inactive comparator?	Yes	Comparison=control	Shiatsu delivered in adjuct to exercise				
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*	
1	Not specified	Global cognitive function	baseline, end of treatment (40wks)	MMSE	adjusted for age and educational levels	--	
2	Not specified	Depressive symptoms	baseline, end of treatment (40wks)	Geriatric depression scale-short form	NR	--	
3	Not specified	Functional status	baseline, end of treatment (40wks)	Activites of daily living	NR	--	
4	Not specified	Functional status	baseline, end of treatment (40wks)	Instrumental activities of daily living	NR	--	

Characteristics of included studies	Neurocognitive disorders	
Study ID	**Lanza 2018**	
5	--	--
6	--	--
7	--	--
Method of analysis		
Statistics	ANCOVA followed by Bonferroni post hoc test was used to between and within group changes of MMSE, ADL, IADL, GDS	
Population analysed	Intent-to-treat	There is no information suggesting that the investigators failed to analyse participants in the group to which they were randomised.
Missing data	No	The study does not report any patient drop out or missing data.

Characteristics of included studies	Symptoms of Stress		
Study ID	**Kurebayashi 2020**		
Study reference	Sato Kurebayashi LF, Rizzo Gnatta J, Kuba G, Lopes Giaponesi AL, Borges de Souza TP, Teresa Turrini RN. Massage and Reiki to reduce stress and improve quality of life: a randomized clinical trial. Revista da Escola de Enfermagem da USP. 2020;54:1-7. Kurebayashi LFS, Gnatta JR, Kuba G, Giaponesi ALL, Souza TPB, Turrini RNT. Massage and Reiki to reduce stress and improve quality of life: a randomized clinical trial. Rev Esc Enferm USP. 2020;54:e03612. doi: https://doi.org/10.1590/S1980-220X2018059103612		
Study design	RCT	pseudorandomised	
Author affiliation	All four authors are associated with a tertiary institute in Brazil.		
Source of funds	Not reported		
Declared interests of study authors	Not reported		
Setting / provider	Single centre	Integrative and Complementary Practices Outpatient clinic	
Country(s) / region	Brazil	Sao Paulo	
Enrolment period	July to Decemeber 2015		
Length of follow up (months)	1 month		
Description of population	*N=*	*Description*	
participants	101	Stress (scored between 37 and 119 on the Vasconcellos Stress Symptoms List)	
details	*Inclusion criteria:* Participants who scored between 37 and 119 on the Vasconcellos Stress Symptoms List *Exclusion criteria:* pregnant women, participants with planned vacations or on sick leave during the research period, using anxiolytics and antidepressants, who had discomfort during the Massage or had any tissue injury at points to be massaged.		
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*	

Characteristics of included studies	Symptoms of Stress					
Study ID	**Kurebayashi 2020**					
Intervention	40	Anma Massage protocol was applied for 20 minutes, followed by a 10-minutes rest. Anma Massage was performed on the posterior cervical, thoracic, and lumbar regions, as well as the buttocks and thighs to the feet, lasting 20 minutes and included smoothing, pressing and kneading techniques. Interventions were performed twice a week, totaling eight sessions in one month of care.				
Comparator #1 (control)	41	No intervention				
Comparator #2 (other)	41	Reiki protocol involved positioning flat hands close to the eyes, occipital region, laryngeal region and over the sternum or cardiac region for 2.5 minutes in each region. Interventions were performed twice a week, totalling eight sessions in one month of care.				
Comparator #3 (other)	--	--				
Co-interventions	Both groups received usual care as directed by their medical doctors					
Is practitioner/instructor certified?	Yes	Include in subgroup A	Trained professionals of the clinic. Some students in training carried out the intervention			
Is there an inactive comparator?	Yes	Comparison=control				
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Primary	Stress symptoms	baseline, end of treatment (4wks)	Vasconcellos Stress Symptoms List	Higher score means worse outcome	--
2	Primary	Anxiety	baseline, end of treatment (4wks)	State-Trait Anxiety Inventory Analysis		Results not reported in published study
3	Secondary	Quality of life (physical and mental aspects)	baseline, end of treatment (4wks)	SF-12v2 (12 items)	Higher score means better outcome	--
4	--	--				

Characteristics of included studies	Symptoms of Stress	
Study ID	**Kurebayashi 2020**	
5	--	--
6	--	--
7	--	--
Method of analysis		
Statistics	A comparison between the groups was conducted using the Pearson's chi-squared test for qualitative variables, ANOVA to test the mean differ ences, and Levene's test to verify the equality of variance.	
Population analysed	Intent-to-treat	Modified. 21 patients (17.2%) dropped out from the trial after being randomised. In the treatment groups, patients did not attend sessions and in the no intervention group, patients did not complete the questionnaire.
Missing data	Yes	No imputations for missing data were made. PP analysis not conducted.

Characteristics of included studies	Symptoms of Stress	
Study ID	**Lucini 2009**	
Study reference	Lucini, D., et al. (2421). "Complementary medicine for the management of chronic stress: Superiority of active versus passive techniques." Journal of Hypertension 27(12): 2421-2428.	
Study design	NRSI	Prospective cohort
Author affiliation	three/fiive authors affiliated with a clinical sciencetertiay instiution, one/five authors affiliated with statistic tertiary instiution, one/five authors affiliated with department of surgery/rehabilitation	
Source of funds	Not reported	
Declared interests of study authors	The authors declared no conflicts on interest	
Setting / provider	Hospital	
Country(s) / region	Italy	
Enrolment period	3 months	
Length of follow up (months)	3 months	
Description of population	*N=*	*Description*
participants	70	Chronic stress symptoms
details	*Inclusion criteria:* Patients with chronic stress (>3 months) with unexplained medical symptoms. *Exclusion criteria:* Concomitant diseases, pharmacological treatment of cigareete smoking, alcohol or food abuse.	
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*

Characteristics of included studies	Symptoms of Stress					
Study ID	**Lucini 2009**					
Intervention	15	Orientatal massage, shiatusu: biweekly treatments of 1hr duration of an oriental (shiatsu) massage. Delivered by hands onl and consisted of deep pressure according to personalised sheme focusing on spine, arms and legs.				
Comparator #1 (control)	25	Educational advice (structured information that consisted of booklets and a lecture on stress management) on the potential symptomatic advantages of stress manaageement.				
Comparator #2 (other)	30	Breathing guided relaxation training: Trainers instructed patients to focus on breathing techniques (deepen, regularise and slow), with a suggested inspirator				
Comparator #3 (other)	--	--				
Co-interventions	--	--				
Is practitioner/instructor certified?	Yes	Include in subgroup A	delivered by an expert technician			
Is there an inactive comparator?	Yes	Comparison=control	educational health advice considered 'usual care'			
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Not specified	Perceived Stress	baseline, end of treatment (12wks)	Visual analogue scale	Likert linear analogue scale	0 = no perception to 10 = strong perception
2	Not specified	Perceived tiredness	baseline, end of treatment (12wks)	Visual analogue scale	Likert linear analogue scale	0 = no perception to 10 = strong perception
3	Not specified	Perceived somatic symptoms	baseline, end of treatment (12wks)	Subjective Stress-Related Somatic Symptoms Questionnaire (4S-Q)	Total score range 0 - 180	Responses are coded from 0 = no feeling to 10 = a strong feeling
4	Not specified	Cardiovascular health	baseline, end of treatment (12wks)	Blood pressure, systolic (mmHg)	--	--

Characteristics of included studies	Symptoms of Stress					
Study ID	**Lucini 2009**					
5	Not specified	Cardiovascular health	baseline, end of treatment (12wks)	Blood pressure, diastolic (mmHg)	--	--
6	Not specified	Cardiovascular health	baseline, end of treatment (12wks)	Heart rate (beats per min)	--	--
7	Not specified	Autonomic nervous system dysregulation	baseline, end of treatment (12wks)	Total variance (normalised units)	Spectral analysis of RR interval variability	includes low frequency (LF), high frequency (HF), and LF/HF ratio
Method of analysis						
Statistics	ANOVA was used to describe baseline data. Data are presented as mean (SEM). Nonparametric testing with Kruskal–Wallis (K–W) and Jonckheere–Terpstra (J–T) test, followed by Mann–Whitney test on pair-wise comparisons, were also performed with empirical significance level (P value) estimated by Monte Carlo method. Multivariate analysis also conducted to examine interactions.					
Population analysed	Intent-to-treat	There is no information suggesting that the investigators failed to analyse participants in the group to which they were randomised.				
Missing data	No	The study does not report any patient drop out or missing data.				

Characteristics of included studies	Insomnia
Study ID	**Kao 2017**
Study reference	Kao YH, Huang YC, Chung UL, Hsu WN, Tang YT, Liao YH. Comparisons for Effectiveness of Aromatherapy and Acupressure Massage on Quality of Life in Career Women: A Randomized Controlled Trial. Journal of Alternative & Complementary Medicine. 2017;23(6):451-60.
Study design	RCT pseudorandomised
Author affiliation	All six authors are affiliated with a teritary institution in Taipei, Taiwan
Source of funds	National Taipei University of Nursing and Health Sciences provided "the necessary resources and administration support throughout the study"
Declared interests of study authors	Authors declare no conflicts of interest
Setting / provider	Not reported
Country(s) / region	Taiwan Taipei city
Enrolment period	February to May 2015
Length of follow up (months)	1 month
Description of population	*N=* *Description*
participants	132 Sleep problems (PSQI >/=5)
details	*Inclusion criteria:* Females aged 24–55 years, not having reached menopause, attaining a score of ‡5 on the Pitts burgh Sleep Quality Index, and not having received regular aromatic-related therapy or acupressure massage in the past 3 months. *Exclusion criteria:* Have asthma or any diseases involving notable organ damage (e.g., heart, lungs, liver, or kidney failure or severe olfactory dysfunction), being pregnant, being allergic to essential oils, being unable to stop taking sleep medications during the research period, and inability to participate in the full course of the interventions.
Description of intervention/ comparator	*n=* *Description (include # treatment sessions, session duration, program duration)*

Characteristics of included studies	Insomnia						
Study ID	**Kao 2017**						
Intervention	33	Acupressure massage: A masseur used both hands to exert pressure massage, focusing on the meridians that facilitated improved sleep qualitity. 17 acupuncture points including the large intestine, triple energizer, small intestine, lung, pericardium, heart and governor meridians as well as meridians that effectively enhance head circulation and sleep quality. Each massage session lasted 45 minutes and was conducted once per week for four consecutive weeks.					
Comparator #1 (control)	33	Placebo: Distilled water was provided. The participants placed an ultrasonic aromatherapy diffuser in their own bedrooms at a distance of *30 cm from their heads. Subsequently, 160 mL of distilled water and five drops of the placebo were infused in the chamber of the diffuser. The participants re laxed and rested quietly, either sitting by the bedside or lying on the bed, while the vapor diffused into the air. Each therapy session lasted for 20 min and was conducted three times a week for four consecutive weeks. The researcher monitored the intervention by placing regular phone calls each week.					
Comparator #2 (other)	33	Blended essential oil group: a 1:1:1 ratio of lavendel fein (L. angustifolia; 0.25 mL), muskatellersalbei (S.sclarea; 0.25 mL), and marjoram (O. majorana; 0.25 mL) (Primavera Life GmbH, Oy-Mittelberg, Germany) for the blended essential oil group. Same procedures as the placebo group were used.					
Comparator #3 (other)	33	Lavender essential oil group: la vendel fein (L. angustifolia; 0.25 mL) as the intervention medium for the lavender essential oil group. Same procedures as the placebo group were used.					
Co-interventions	--	--					
Is practitioner/instructor certified?	Yes	Include in subgroup A	"Experienced masseur with 5 years of practical experience"				
Is there an inactive comparator?	No	Comparison=other	The diffuser is considered 'other' for the purposes of this review. The placebo group is intended to be for the Blended oil and Lavender oil groups (not acupressure). Participants in the placebo group do "something" that is clearly not sham shiatsu, and clearly not "no intervention"				
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*	

Characteristics of included studies	Insomnia					
Study ID	**Kao 2017**					
1	Not specified	Sleep quality-global	Baseline, end of treatment (4wks)	Pittsburg sleep quality index	Includes 7 dimensions	Higher score means worse sleep quality
2	Not specified	Physical wellbeing	Baseline, end of treatment (4wks)	SF-36 - physical health component score	0-100; higher score means worse health	--
3	Not specified	Emotional wellbeing	Baseline, end of treatment (4wks)	SF-36 - mental health component score	0-100; higher score means worse health	--
4	Not specified	HRQoL	Baseline, end of treatment (4wks)	SF-36 total score	0-100; higher score means worse health	--
Method of analysis						
Statistics	Statistical analysis of the research data was conducted using SAS, version 9.2 (SAS Institute, Inc., NC). A chi square test was performed to compare the between-group differences among the experimental (lavender essential oil, blended essential oil, and acupressure massage) and placebo groups. A generalized estimating equation (GEE) was em ployed to conduct comparisons between the pre- and post-test results of the experimental and placebo groups. The outcome measurements included PSQI summary, physical component summary (PCS), mental component summary (MCS), and summary of QOL (SF-36), and the within-group confounding variable was time (pre- and post-test). The significant levels for all the performed statistical tests were set as a = 0.05.					
Population analysed	Intent-to-treat	Modified. Participants with missing data were not included in the final analysis (6/132, 4.5%).				
Missing data	Yes	No imputations for missing data were made. PP analysis not conducted.				

Characteristics of included studies	Insomnia		
Study ID	**Yue 2016**		
Study reference	Yue WY, Cao JM, Zhou HT, Xu RM. Tai Chi in combination with acupoint massage can improve sleep quality of elderly patients with chronic insomnia. International Journal of Clinical and Experimental Medicine. 2016;9(2):4316-23.		
Study design	RCT	Random number table was used	
Author affiliation	All four authors are affiliated with a tertiary institution in China		
Source of funds	Not reported		
Declared interests of study authors	Authors declare no conflicts of interest		
Setting / provider	Mulitcentre	7 residential communities	
Country(s) / region	China	Jiaozuo city	
Enrolment period	Not reported		
Length of follow up (months)	3 months		
Description of population	*N=*	*Description*	
participants	90	Insomnia	
details	*Inclusion criteria:* (1) Patients had relevant symptoms in the clinical diagnostic criteria set out in the China Adult Insomnia Diagnosis and Treatment Guidelines (2) patients at once suffered from fatigue and general discomfort; or their attention maintenance ability or their memory was impaired; or their ability to learn; to work and/or communicate declined; or their mood swung; or they tended to sleep in daytime; they lost their interest and vigor; they suggered from nervousness, headache or dizziness; or they were over-concerned about their sleep; (3) The patients with secondary chronic insomnia who course of disease was more than 6 months and who did Tai Chi exercise. *Exclusion criteria:* (1) The patients whose insomnia was induced by other physical diseases or the patients with severe insomnia who must rely on drug treatment; (2) patients who suffered from mental illness or limb dysfunction that was not conducive to training treatment of limb functions; (3) patients with primary, acute or sub-acute insomnia, and patients forwhom other measures were adopted in the practical treatment period; (4) patients failed to receivetreatment as was scheduled and who dropped out due to special diseases in the process of treatment; (5) patients who had doe or were doing Tai Chi exercise.		
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*	

Characteristics of included studies	Insomnia					
Study ID	**Yue 2016**					
Intervention	Acupoint massage: Four acupoints special for treatment incomnia (Baihui, An'mian, Shenmen and Neiguan) were used. The acupoints were pressed by the patients for 1-2 times a day and, after they massaged one acupoint for five minues, they moved on to another acupoint for similar massage. Each acupoint was pressed for 1-2 times and about 30 minutes in total. Requires the patients to do it before sleep each night for three months.					
Comparator #1 (control)	--	--				
Comparator #2 (other)	--	Tai Chi: Following the 24-style Simplified Tai Chi Quan was used by the selected patients for theoretical quidance, technical explanation and action training. Tai Chi professional coaches provided training for 2 weeks unntil the patients were proficient then they could practice it independently. The patients did such exercise for 45 minutes once every morning and every evening for a total of 3 months practice and treatment was required.				
Comparator #3 (other)	--	Combination (acupoint massage and tai-chi): Performed combination everyday with Tai Chi being the core. The treatment requirements and notes were the same as the two treatments alone.				
Co-interventions						
Is practitioner/instructor certified?	No	Include in subgroup B	Patients carried out the massage			
Is there an inactive comparator?	Yes	Comparison=control	Combination acupoint massage plus Tai Chi vs Tai Chi group can be considered in the shiatsu vs no intervention (with participants in both groups also receiving Tai Chi)			
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*

Characteristics of included studies	Insomnia					
Study ID	**Yue 2016**					
1	Not specified	Anxiety	Baseline, end of treatment (12wks)	Exon emotional stability scale (30-items)	higher score means indicates more unstable emotion	score between 16-30 suggests relative anxiety
2	Not specified	HRQoL	Baseline, end of treatment (12wks)	Life quality asessment questionnaire (GQ-OLI-74)	measures 4 aspects: body, psychology, sociaty, material	higher score means better life quality
3	Not specified	Sleep quality-global	Baseline, end of treatment (12wks)	SPIEGEL sleep scale	Higher score means worse sleep quality	
4	Not specified	Clinical efficacy	Baseline, end of treatment (12wks)	Reduction of SPIEGEL score	Cure = reduction by >/= 80%; Excellent = reduction by >/= 50%; effective = reduction by >/= 30%	
Method of analysis						
Statistics	SPSS 19.0 statistical software was used to summarise and process data. The obtained data was expressed by (x±s). Then, compare the internal group data respectively before and after the treatment and conduct intergroup comparison of the measurement data. Comparision among all the groups was analyzed by variance. If the total difference showed statistical significance, then use Dunnett t-test to conduct pairwise comparison. Meanwhile, use $\chi 2$ test to compare the count data; if $P < 0.05$, the difference had the statistical significance					
Population analysed	Intent-to-treat	There is no information suggesting that the investigators failed to analyse participants in the group to which they were randomised.				
Missing data	Not specified	The study does not report any patient drop out or missing data.				

Characteristics of included studies	Headache disorders		
Study ID	**Villani 2017**		
Study reference	Villani V, Prosperini L, Palombini F, Orzi F, Sette G. Single-blind, randomized, pilot study combining shiatsu and amitriptyline in refractory primary headaches. Neurological Sciences. 2017:1-9.		
Study design	RCT	pseudorandomised	Pilot trial
Author affiliation	Two authors are associated with a hospital nueuro-oncology unit or department. One author is associated with the Italian Shiatsu Association in Italy. One authors is associated with a teritary institution		
Source of funds	No funding sources to declare.		
Declared interests of study authors	Authors declare no conflicts of interest		
Setting / provider	Single centre	S. Andrea Hospital	
Country(s) / region	Italy	Rome	
Enrolment period	September 2010 to April 2011		
Length of follow up (months)	5 months		
Description of population	*N=*	*Description*	
participants	41	Headache disorders, primary (refractory)	
details	*Inclusion criteria:* age from 18 to 55 years (inclusive); diagnosis of migraine with or without aura, tension-type headache (TTH) or chronic migraine without overuse according to the second version of the International Headache Criteria (ICHD-II); lack of response to at least two different prophylactic drugs (other than amitriptyline) regularly taken for three or more months [7]; be able to understand and comply with study requirements; voluntarily provide a written, dated and signed informed consent prior to any study procedure. *Exclusion criteria:* pregnancy or breastfeeding; history of seizures; any clinically relevant gastrointestinal, respiratory, psychiatric, neurological, kidney, liver, cardiac diseases, bleeding disorder, other disease/condition or abnormal physical findings which could interfere with the study objectives or put the patient's safety at risk; psychiatric illness (including history of, or current, severe depressive disorders and/or suicidal ideation) that contraindicate the amitriptyline assumption or shiatsu.		
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*	

Characteristics of included studies	Headache disorders					
Study ID	**Villani 2017**					
Intervention	14	Shiatsu alone: 45 minute sessions per week for a total of 12 sessions.Shiatsu techniques include massages, gentle joint manipulations and mobilization, assisted stretching and pressure using fingers, thumbs, palms, elbows, knees and feet. However, the exact shiatsu method was not described				
Comparator #1 (control)	--	--				
Comparator #2 (other)	13	Shiatsu plus amitriptyline: 45 minute sessions per week for a total of 12 sessions. Exact shiatsu method was not described. Oral amitriptyline was started at a dosage of 5 mg daily and was increased up to 10 mg daily after 1 week. In case of side effects, patients were instructed to reduce the dosage to 5 mg daily.				
Comparator #3 (other)	14	Amitriptyline alone: Oral amitriptyline was started at a dosage of 5 mg daily and was increased up to 10 mg daily after 1 week. In case of side effects, patients were instructed to reduce the dosage to 5 mg daily.				
Co-interventions	--	--				
Is practitioner/instructor certified?	Yes	Include in subgroup A	"administered at S. Andrea Hospital by the same expert operator"			
Is there an inactive comparator?	Yes	Comparison=control	Combination Shiatsu plus amitriptyline vs amitriptyline alone can be considered in the shiatsu vs no intervention (with participants in both groups also receiving amitriptyline)			
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Primary	Headache reduction	Baseline, end of treatment (12wks), followup (16 wks)	Headache frequency on-treatment/pre-treatment	Proportion of patients experiencing a 50% reduction in days with a headache per month	
2	Secondary	Headache frequency	Baseline, end of treatment (12wks), followup (16 wks)	Median number of days with headache per month		

Characteristics of included studies	Headache disorders				
Study ID	**Villani 2017**				
3	Secondary	Pain	Baseline, end of treatment (12wks), followup (16 wks)	Visual analogue scale (0-10)	measured over 3 months
4	Secondary	Number of pain killers per month	Baseline, end of treatment (12wks), followup (16 wks)	Daily diary	measured over 3 months
Method of analysis					
Statistics	The primary endpoint was investigated using a logistic regression analysis, adjusted for sex, age and pre-study days with headache per month. Between-arm differences in days with headache per month, VAS score and number of PKs were tested by the Kruskall–Wallis H test				
Population analysed	Intent-to-treat	Modified (patients with missing outcome data were excluded from analysis). Four patients were lost to follow up visists (2 in shiatsu plus amitriptyline group, 1 in shiatsu and 1 in the amitriptyline along group)			
Missing data	Yes	No imputations for missing data were made. Information to conduct PP analysis not available.			

Characteristics of included studies	Stroke recovery	
Study ID	**Tian 2020**	
Study reference	Tian L, Nie ST, Lou TX, Chen H, Yuan GH. Clinical observation on acupoint massage plus Vitalstim electrical stimulation for deglutition disorder after stroke. Journal of Acupuncture and Tuina Science. 2020;18(6):438-44.	
Study design	RCT	pseudorandomised
Author affiliation	Three authors are affiliated with a tertiary college and two authors are affiliated with a hospital	
Source of funds	Project of Human Provine Administration of Traditional Chinese Medicine	
Declared interests of study authors	Authors declare no conflicts of interest	
Setting / provider	Single centre	Inpatients at the rehabilitation medicine and neurology department of Zhuzhou hospital
Country(s) / region	China	Zhuzhou
Enrolment period	February 2015 and September 2017	
Length of follow up (months)	1 month	
Description of population	*N=*	*Description*
participants	60	Stroke recovery (with deglutition disorder)
details	*Inclusion criteria:* [1] met diagnostic criteria for stroke (Key Diagnostic Points for Cerebrovascular Diseases), diagnosed by cranial CT or MRI examination which was the first onset; [2] screened as deglutition disorder after stroke by water swallowing test; [3] Incomplete loss of swallogwing function and no need to rely on nasal feeding; [4] relatively stable vital signs; [5] mini mental state examination >= 21 points; [6] could actively cooperate during rehabilitation training; [7] aged between 41 and 70 years; [8] onsent within 6 months; [9] singed consent form *Exclusion criteria:* [1] those with critical conditions; [2] those with failure or bleeding tendency of important organs and [3] those with severe cognitive impairment.	
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*

Characteristics of included studies	Stroke recovery					
Study ID	**Tian 2020**					
Intervention	20	Acupoint massage: The location of acupoints referred the Nomenclature and Location of Acupuncture Points (GB/T 12346-2006) [Jiache (ST 6), Xiaguan (ST 7) and Chengjiang (CV 24), Lianquan (CV 23), Renying (ST 9), Tiantu (CV 22), Yamen (GV 15), Dazhui (GV 14) and Fengchi (GB 20)]. The patient took a supine position. Manipulations mainly included finger digital An-pressing, An-pressing, Rou-kneading and Tui pushing. Treatment was given once a day for 6 days as a course, with a rest of 1 day between two courses and for 4 courses in total				
Comparator #1 (control)	--	--				
Comparator #2 (other)	20	Electrical stimulation: The location and treatment mode of the surface electrode were selected based on the swallowing assessment results, the patient's tolerance as well as his disease condition. The location and treatment mode of the surface electrode were selected based on the swallowing assessment results, the patient's tolerance as well as his disease condition.				
Comparator #3 (other)	20	Acupoint massage and electrical stimulation": Same treatment and timings were used as the individual groups.				
Co-interventions	60	Routine care (drug treatment and routine rehabilitation for swallowing)				
Is practitioner/instructor certified?	Not specified	Include in subgroup C				
Is there an inactive comparator?	Yes	Comparison=control	Combination Acupoint massage plus electrical stimulation vs electrical stimulation alone can be considered in the shiatsu vs no intervention (with participants in both groups also receiving electrical stimulation)			
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Not specified	Dysphagia	Baseline, end of treatment (4wks)	Score of Fujishima Ichiro Food intake levels scale (FILS)	1-3 = severe disorder; 4-6= moderate disorder; 7-9= mild disorder; 10= normal swallowing	Higher score means better outcome
2	Not specified	Swallowing muscle function, duration	Baseline, end of treatment (4wks)	Surface electromyography (SEMG)	Patient swallowed 15-20 purified water as quickly as possible.	Average of two tests (left & right); higher score means worse outcome

Characteristics of included studies	Stroke recovery					
Study ID	**Tian 2020**					
3	Not specified	Swallowing muscle function, maximal amplitude	Baseline, end of treatment (4wks)	Surface electromyography (SEMG)	Patient swallowed 15-20 purified water as quickly as possible.	Average of two tests (left & right); higher score means better outcome
4	Not specified	Clinical efficacy	Baseline, end of treatment (4wks)	FILS/SEMG composite	Markedly effective= FILS score 9-10 or 5-7 points higher than pre-treatment;	Effective = FILS score 2-4 points higher; Failure = no change, FILS score increased by < 2 points
Method of analysis						
Statistics	The data was kept by a Microsoft Excel data sheet. The SPSS version 19.0 statistical software was adopted for data analysis. The measurement data in accordance with normal distribution were expressed as mean ± standard deviation (x ±s), and compared by analysis of variance. Chi-square test was used to compare the rate. Rank-sum test was used to compare ranked count data between groups. P<0.05 indicated statistical significance.					
Population analysed	Intent-to-treat	All randomised participants included in the analysis.				
Missing data	No	All data available. PP analysis not conducted.				

Characteristics of included studies	Hypertension		
Study ID	**Lei 2015**		
Study reference	Lei XF, Chen XL, Lin JX, Bao AF, Tao XC. Clinical study on acupoint massage in improving cognitive function and sleep quality of elderly patients with hypertension. Journal of Acupuncture and Tuina Science. 2015;13(3):175-9.		
Study design	RCT	pseudorandomised	Simple random method via Microsoft Excel
Author affiliation	All 5 authors affiliated with a hospital in China		
Source of funds	Project of Taishun Country Science and Technology Bureau, Zhejiang Province		
Declared interests of study authors	Authors declare no conflicts of interest		
Setting / provider	Hospital		
Country(s) / region	China		
Enrolment period	April 2013 to August 2013		
Length of follow up (months)	4 weeks		
Description of population	*N=*	*Description*	
participants	68	Elderly patients with primary hypertension	
details	*Inclusion criteria:* diagnosis criteria of primary hypertension; age over 60 years old; no secondary hypertension, no other severe internal diseases of heart, liver, kidney or mental diseases; willing to participate in this study and signed informed consent forms. *Exclusion criteria:* secondary hypertension; having heart, liver or kidney dysfunctions; having mental diseases.		
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*	
Intervention	34	Acupoint massage (self-massage) 4 times a day (0800, 1200, 1800 and pre bed) for 1 month: Massage face by gently massaging from middle of face outwards; An-pressing and Rou-kneading Anmian with finger, located at midpoint between Yiming (EX-HN 14) and Fengchi (GB 20); An-pressing Taiyang (Ex-HN 5) and circular Gua-scraping of orbits by both forefingers; An-pressing Shenmen (HT 7) and dian-digiutal pressing by fingers, for 1-2 seconds; An-pressing at bilateral Fengchi (GB 20) by bilateral thumbs, for 1-2 seconds; An-pressing and Rou-kneading Neiguan (PC 6), for 1-2 seconds; An-pressing and rou-kneading sanyingjiao (SP 6) by thumbs, for 1-2 seconds.	
Comparator #1 (control)	--	No intervention	
Comparator #2 (other)	--	--	

Characteristics of included studies	Hypertension					
Study ID	**Lei 2015**					
Comparator #3 (other)	--	--				
Co-interventions	34	Routine psycholgical health guidance and sleep knowledge education				
Is practitioner/instructor certified?	Yes	Include in subgroup A				
Is there an inactive comparator?	Yes	Comparison=control	doctors and nurses			
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Not specified	Sleep quality	Baseline, end of treatment (3 months)	Pittsburgh Sleep Quality Index-total score (7-items)	higher score means worse sleep quality	
2	Not specified	Cognitive function	Baseline, end of treatment (3 months)	Mini-mental state exam (MMSE) (30-items)	total score=30; higher score means higher congitive functioning	
	--	--				
Method of analysis						
Statistics	The SPSS 19.0 version statistical software was used for statistical analysis of the input data.					
Population analysed	Intent-to-treat	No further details provided.				
Missing data	No					

Characteristics of included studies	Functional constipation		
Study ID	**Chen 2021**		
Study reference	Chen H, Tan P-S, Li C-P, Chen B-Z, Xu Y-Q, He Y-Q, et al. Acupoint Massage Therapy Alters the Composition of Gut Microbiome in Functional Constipation Patients. Evidence-based Complementary & Alternative Medicine (eCAM). 2021:1-9.		
Study design	RCT	pseudorandomised	
Author affiliation	Three authors are affiliated with a teaching hospital. One author is affiliated with a teaching hospital and tertiary institution		
Source of funds	Leading project of science and Technology Department of Fujian Province (no. 2017Y0043) and Fujian Traditional Chinese medicine project (no. 2017FJZYJC407).		
Declared interests of study authors	Authors declare no conflicts of interest.		
Setting / provider	Hospital		
Country(s) / region	China	Fuzhou	
Enrolment period	May 2017 to May 2019		
Length of follow up (months)	3 months		
Description of population	*N=*	*Description*	
participants	101	Adults with chronic, functional constipation	
details	*Inclusion criteria:* (1) conforming to chronic functional constipation IV diagnostic criteria; (2) clinical symptoms at least 6 months before diagnosis; (3) no antibiotics, probiotics, and drugs causing constipation in the past 3 months; (4) colonoscopy in the past 6 months. Colonscopy before admission excluded intestinal organic lesions; (5) no other drugs were taken during the treatment of synbiotic; (6) synbiotics and other probiotics were not discontinued during the treatment. *Exclusion criteria* : (1) cardiovascular diseases, diabetes mellitus, tumors, and nervous system diseases; (2) expected outing plans during the trial; (3) body mass index (BMI) <16.0 kg/m2 or >30.0 kg/m2; (4) pregnancy or lactation; (5) usage of other probiotic foods or drugs one month before consultation; (6) taking anticholinergic drugs and antiabdominal drugs one month before consultation and laxatives and antibiotics; (7) history of gastrointestinal surgery, colorectal adenoma, and other diseases.		
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*	
Intervention	50	Acupoint massage: No description of the massage itself was provided nor the frequency of the massage in the intervention arm.	

Characteristics of included studies	Functional constipation					
Study ID	**Chen 2021**					
Comparator #1 (control)	53	No intervention				
Comparator #2 (other)	--	--				
Comparator #3 (other)	--	--				
Co-interventions	--	--				
Is practitioner/ instructor certified?	Not specified	Include in subgroup C				
Is there an inactive comparator?	Yes	Comparison=control				
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Not specified	Symptom severity	Baseline, end of treatment (12 wks), followup (2 & 4 wks)	Fecal sensation	Bristol classification of feces	Not reported how many weeks patients received treatments
2	Not specified	Symptom severity	Baseline, end of treatment (12 wks), followup (2 & 4 wks)	Fecal frequency of self-defecation	Bristol classification of feces	--
3	Not specified	Symptom severity	Baseline, end of treatment (12 wks), followup (2 & 4 wks)	Degree of defeation exertion	Bristol classification of feces	--
4	Not specified	Symptom severity	Baseline, end of treatment (12 wks), followup (2 & 4 wks)	Time of defecation	Bristol classification of feces	--
5	Not specified	Symptom severity	Baseline, end of treatment (12 wks), followup (2 & 4 wks)	Incomplete defecation	Bristol classification of feces	--

Characteristics of included studies	Functional constipation					
Study ID	**Chen 2021**					
6	Not specified	Nature of faeces	Baseline, end of treatment (12 wks), followup (2 & 4 wks)	Nature of feces	Bristol classification of feces	--
7	Not specified	Quality of life	Baseline, end of treatment (12 wks), followup (2 & 4 wks)	Patient Assessment of Constipation (PAC)- Quality of Life (QoL)	Chinese Version Health Questionnaire	
8	Not specified	Clinical efficacy	Baseline, end of treatment (12 wks), followup (2 & 4 wks)	Clinical trial criteria/ Effective ratio	Cured= constipation disappeared, defecation interval time and nature of feces were normal	Lower the total score of symptoms means the less effective the intervention is
9	Not specified	Correlation of gut bacteria with serum cytokines	Baseline, end of treatment (12 wks), followup (2 & 4 wks)	Serum cytokine levels (TNFa, IL6, UL8, IL10, EGF, VEGF, HIF1a, Syk)	Regression analysis	--
Method of analysis						
Statistics	Student's t double tail t test was used to compare the difference of clinical characteristics					
Population analysed	Intent-to-treat	Modified				
Missing data	Yes	Three patients were lost to follow up after randomisation. No information provided on reasons for leaving the trial.				

Characteristics of included studies	Functional constipation	
Study ID	**Ho 2020**	
Study reference	Ho, M. H., et al. (2020). "Effectiveness of acupoint pressure on older people with constipation in nursing homes: a double-blind quasi-experimental study." Contemporary Nurse.	
Study design	RCT	pseudorandomised
Author affiliation	Two authors are affilited with a tertiary institution in Wollongong, Aus; one author is affiliated with a teriatry instiution in Taipei, Taiwan; one author is affilited with a tertiary institution in Campbelltown, Aus; one author affiliated with a different teriary instituion in Taipei, Tiwan.	
Source of funds	No funding sources to declare.	
Declared interests of study authors	Authors declare no conflicts of interest	
Setting / provider	Aged care facility	
Country(s) / region	Taiwan	
Enrolment period	11 days from June 15, 2015 to June 25, 2015	
Length of follow up (months)	10 days	
Description of population	*N=*	*Description*
participants	90	Chronic constipation in older adults
details	*Inclusion criteria:* fewer than 2 bowel movements per week within a month of the study; those who voluntarily participated and completed the consent form; did not have abdominal surgery in the past 6 months; without abdominal tumours or any complaints of pain. *Exclusion criteria:* Not reported	
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*
Intervention	32	Acupoint pressure therapy, abdominal massage: Tianshu (ST25), Zhongdu (GB32), Shenmen (TF4), Zusanli (ST36) and Sanyinjiao (SP6). Trained RN's pressed three to five cm into each acupoint for 1 min, once a day for 10 days.

Characteristics of included studies	Functional constipation					
Study ID	**Ho 2020**					
Comparator #1 (control)	30	No intervention				
Comparator #2 (other)	28	Abdominal massage				
Comparator #3 (other)	--	--				
Co-interventions	30	Laxatives				
Is practitioner/ instructor certified?	Yes	Include in subgroup A	Chinese medical practitioner			
Is there an inactive comparator?	Yes	Comparison=control				
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Primary	Symptom severity	Baseline, end of treatment (10 days)	total NANDA-I score	NANDA-I nursing diagnosis of constipation	Range 0-56; higher score means more severe problems
2	Not specified	Defecation frequency	Daily throughout enrolment period (10 days)	NANDA-I subscale	NANDA-I nursing diagnosis of constipation	Range 0-56; higher score means more severe problems
3	Not specified	Defecation consistency	Daily throughout enrolment period (10 days)	NANDA-I subscale	NANDA-I nursing diagnosis of constipation	Range 0-56; higher score means more severe problems
4	Not specified	Firmness of faeces/stool nature	Daily throughout enrolment period (10 days)	NANDA-I subscale	NANDA-I nursing diagnosis of constipation	Range 0-56; higher score means more severe problems
5	Not specified	Nature of faeces	Daily throughout enrolment period (10 days)	NANDA-I subscale	NANDA-I nursing diagnosis of constipation	Range 0-56; higher score means more severe problems

Characteristics of included studies	Functional constipation	
Study ID	**Ho 2020**	
6	--	--
7	--	--
8	--	--
9	--	--
Method of analysis		
Statistics	G*power 3.1.9.2 software used to conduct sample size calculation, F-tests with linear multiple regression; SAS statistical softwas was used for one-way ANOVA and chi-squared tests	
Population analysed	Intent-to-treat	Modified
Missing data	Yes	12/110 withdrew prior to intervention (diarrhoea); 8/110 discontiued prior to internvention due to feeling uncertain.

Characteristics of included studies	Low back pain
Study ID	**Kobayashi 2019**
Study reference	Kobayashi, D., et al. (2019). "Shiatsu for chronic lower back pain: randomized controlled study." Complementary Therapies in Medicine 45: 33-37.
Study design	RCT Prospective cohort Participants were randomised via computer-generated randomisation list.
Author affiliation	1 author is affiliated with a hospital, 1 author is affiliated with a hospital and tertiary institution, 1 author is affiliated with a hospital, institution and the McCann Healthcare Worldwide Japan and 1 author is affiliated with a tertiatry institution in Japan.
Source of funds	St Luke's Life Science Instiute, but funding expired during the study, and consequently only a limited number of participants were included.
Declared interests of study authors	The authors declare no conflict of interest.
Setting / provider	Hospital (single centre)
Country(s) / region	Japan Tokyo
Enrolment period	2015 to 2017
Length of follow up (months)	Follow up occurred for both groups at weeks 4 and 8
Description of population	*N=* *Description*
participants	59 Chronic lower back pain
details	*Included:* Participants who scored a minimum of 4 on the Roland-Morris Disability Questionnaire (RMDQ) and had lower back pain for at least 12 weeks. *Excluded:* Patients were excluded if they had bacterial spondylitis, malignancy or metastasis on vertebra, acute compression fracture and collaged disease, such as ankolysing spondylitis. Patients with a prior diagnosis of dementia were also excluded.
Description of intervention/ comparator	*n=* *Description (include # treatment sessions, session duration, program duration)*

Characteristics of included studies	Low back pain					
Study ID	**Kobayashi 2019**					
Intervention	30	Shiatsu: Patients assigned to the Shiatsu therapy group also received one-hour of Shiatsu therapy once a week for four weeks, followed by four weeks of standard care only				
Comparator #1 (control)	29	No intervention				
Comparator #2 (other)	--	--				
Comparator #3 (other)	--	--				
Co-interventions	Pain relief for eight weeks by compress or oral medicine based on the WHO relief ladder					
Is practitioner/ instructor certified?	Yes	Include in subgroup A	Anma treatments were conducted by a therapist with national massage practitioner license with greater than 15 years treatment experience			
Is there an inactive comparator?	Yes	Comparison=control				
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Primary	Disability	end of treatment (4 wks), followup (8 wks)	Roland-Morris Disability Questionnaire (RMDQ)	Mean change from baseline	Bivariate analysis
2	Secondary	Pain	end of treatment (4 wks), followup (8 wks)	McGill Pain Questionnaire-Short-Form (MPQ-SF)	Multidimensionsal pain analysis - mean difference from baseline	Bivariate analysis
3	Secondary	Pain descriptors	end of treatment (4 wks), followup (8 wks)	MPQ-SF - subsscore	Multidimensionsal pain analysis - mean difference from baseline	Bivariate analysis

Characteristics of included studies	Low back pain					
Study ID	**Kobayashi 2019**					
4	Secondary	Pain intensity	end of treatment (4 wks), followup (8 wks)	MPQ-SF - subsscore	Multidimensionsal pain analysis - mean difference from baseline	Bivariate analysis
5	Secondary	Disability (lower back pain)	end of treatment (4 wks), followup (8 wks)	Oswestry Disability Index (ODI)	Mean change from baseline	Bivariate analysis
6	Secondary	Quality of life	end of treatment (4 wks), followup (8 wks)	EQ-5D	Mean change from baseline	Bivariate analysis
7	--					
8	--					
Method of analysis						
Statistics	Only bivariate analysis reported					
Population analysed	Intent-to-treat	Both per-protocol analysis and intention-to-treat analysis were performed to confirm results. Effect estimates did not substantially differ.				
Missing data	Yes	Imputations for missing data were made. PP analysis was conducted and is available.				

Characteristics of included studies	Neck and shoulder stiffness		
Study ID	**Donoyama 2010**		
Study reference	Donoyama N, Munakata T, Shibasaki M. Effects of Anma therapy (traditional Japanese massage) on body and mind. J Bodyw Mov Ther. 2010 Jan;14(1):55-64. doi: 10.1016/j.jbmt.2008.06.007. PMID: 20006290.		
Study design	RCT	pseudorandomised	Cross-over trial
Author affiliation	All 3 authors are affiliated with a tertiary institution in Tskuba, Ibaraki, Japan		
Source of funds	Not reported		
Declared interests of study authors	Not reported		
Setting / provider	Single centre	Not reported	
Country(s) / region	Japan	Tsukuba, Ibaraki 305-8521	
Enrolment period	Not reported		
Length of follow up (months)	Not reported		
Description of population	*N=*	*Description*	
participants	17	Neck and shoulder stiffness (chronic)	
details	*Inclusion criteria:* (i) to be a female in the fifth decade of life; (ii) to feel chronic muscle stiffness around neck and shoulder; (iii) to have no disease requiring medical intervention; (iv) to desire Anma therapy; (v) and especially to eliminate the influence from sexual hormones suggested in the study by Kirschbaum et al. (1999) showing that salivary cortisol levels are affected by menstrual cycle, to be a few years post-menopause; and (vi) to feel no current symptoms of menopause *Exclusion criteria:* None reported.		
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*	

Characteristics of included studies	Neck and shoulder stiffness					
Study ID	**Donoyama 2010**					
Intervention	9	Anma therapy was performed on the first day, and the rest intervention 3 days after. (cross over) The 40-min Anma therapy was performed by a therapist. On the massage table, Anma therapy was performed on the body, except the face, head and abdomen, with a focus on the neck and specific points of shoulder stiffness. Anma therapy techniques were standard versions composed mainly of kneading and lesser amounts of stroking and pressing, with intensity of stimulation applied within the range of comfort.				
Comparator #1 (control)	--	--				
Comparator #2 (other)	8	Rest intervention first and then anma three days days after. The rest intervention, participants lie on the massage table and rest for 40 min, without Anma therapy.				
Comparator #3 (other)	--	--				
Co-interventions	--	--				
Is practitioner/ instructor certified?	Yes	Include in subgroup A	Anma treatments were conducted by a therapist with national massage practitioner license with greater than 15 years' treatment experience			
Is there an inactive comparator?	No	Comparison=other	The rest intervention is not considered suitable as a sham control. Therefore include with the "other" comparison group.			
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Not specified	Symptom severity	baseline, end of one treatment, end of second treatment	Visual analogue scale	left of paper represented no symptoms, right of paper represented most serious symptoms	
2	Not specified	Psychosocial welling (anxiety)	baseline, end of one treatment, end of second treatment	State Anxiety Inventory (20-items)	Higher score means worse state anxiety	Validated Japanese version
3	Not specified	Biomarker, stress	baseline, end of one treatment, end of second treatment	Salivary cortisol	Salivary samples collected	

Characteristics of included studies	Neck and shoulder stiffness				
Study ID	**Donoyama 2010**				
4	Not specified	Biomarker, mucosal immunity	baseline, end of one treatment, end of second treatment	s-IgA	Enzyme Immunoassay s-IgA
5	Not specified	Biomarker, stress	baseline, end of one treatment, end of second treatment	Neuropeptide-Y-cortisol	Not reported
6	--				
7	--				
8	--				
Method of analysis					
Statistics	Outcomes were analysed by repeated measures analyses of variance (ANOVA). Each of the state anxiety items were determined by paited (two tailed) t-test. Statistical analyses were performed by SPSS 15.0.				
Population analysed	Intent-to-treat	Modified. Participants with missing data were not included in the final analysis (2/17, 11.8%).			
Missing data	Yes	Two patients dropped out after being randomised to the rest group.			

Characteristics of included studies	Chronic widespread pain		
Study ID	**Faull 2005**		
Study reference	Faull K. A pilot study of the comparative effectiveness of two water-based treatments for fibromyalgia syndrome: Watsu and Aix massage. Journal of Bodywork and Movement Therapies. 2005;9(3):202-10.		
Study design	RCT	crossover trial	alternative treatment allocation
Author affiliation	One author is affiliated with a private health wellness and spa		
Source of funds	QE health management for financial support of the study		
Declared interests of study authors	Not reported		
Setting / provider	Community, single centre	Spa	
Country(s) / region	New Zealand	Bay of Plenty, East Coast, Hawkes Bay, Taranaki and Auckland	
Enrolment period	Not reported		
Length of follow up (months)	7 weeks		
Description of population	*N=*	*Description*	
participants	17	Fibromyalgia	
details	*Inclusion criteria:* Over 18 years old, diagnosed by a rheumatologist with fibromyalgia and no open wounds *Exclusion criteria:* Not reported.		
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*	

Characteristics of included studies	Chronic widespread pain					
Study ID	**Faull 2005**					
Intervention	9	Watsu treatment: Therapy pool with warm mineral water. Participant lies on back in the water and closes their eyes, the threaputs moves the participant through the wter in flowing, rhytmical motions which includes intermittent gentle massage and stretching. Session is approximately 45 mins with 2 sessions each week for two weeks. Patients have three weeks of no treatment and then cross over to receive Aix. Nine patients recieved Watsu first and then crosssed over to recieve Aix.				
Comparator #1 (control)	--	--				
Comparator #2 (other)	8	Aix treatment: Lying on a massage table, the individual is covered in a continuous stream of warm mineral water from a series of shower jets. Massage includes circular motions of the hands, the end of the hands tapping as well as the use of fingers. The sessions were for 30 mins with 2 sessions each week for two weeks. Patients have three weeks of no treatment and then cross over to recieve watsu. Eight patients recieved Aix first and then crossed over to recieve Watsu.				
Comparator #3 (other)	--	--				
Co-interventions	--	--				
Is practitioner/ instructor certified?	Yes	Include in subgroup A	Watsu therapist was 43 years olf, practised Watsu for 6 years and is a registered World Aquatic Bodywork Associations Watsu Practitioner and Instructor.			
Is there an inactive comparator?	No	Comparison=other	Patients recieve Aix and Watsu and then cross over to the arm. Results are ONLY available for the total patients (e.g. overall Watsu results so some patients would have had Aix before and were included in these results)			
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Primary	Physical function	Baseline, end of each treatment (W2)	SF-36-physical function	Score range 0-100; Higher score menas better physical function	
2	Primary	Role-physical	Baseline, end of each treatment (W2)	SF-36 - role-physical subscale	Score range 0-100; Higher score menas better physical function	
3	Primary	Pain	Baseline, end of each treatment (W2)	SF-36 - bodily pain subscale	Score range 0-100; Higher score menas better pain	

Characteristics of included studies	Chronic widespread pain				
Study ID	**Faull 2005**				
4	Primary	Health perception	Baseline, end of each treatment (W2)	SF-36 - general health perceptions subscale	Score range 0-100; Higher score menas better health perception
5	Primary	Role-emotional	Baseline, end of each treatment (W2)	SF-36 - role-emotional subscale	Score range 0-100; Higher score menas better role-emotional
6	Primary	Psychological health	Baseline, end of each treatment (W2)	SF-36 - mental health subscale	Score range 0-100; Higher score menas better psychological health
7	Primary	Social functioning	Baseline, end of each treatment (W2)	SF-36 - social functioning subscale	Score range 0-100; Higher score menas better social functioning
8	Primary	Vitality	Baseline, end of each treatment (W2)	SF-36 - Vitality subscale	Score range 0-100; Higher score menas better vitality
Method of analysis					
Statistics	Two-way within-group analysis of variance (ANO VA) of each set of subscale scores was undertaken. Factors were treatment type (Watsu and Aix) and time (before and completion of treatment)				
Population analysed	Intent-to-treat	Modified. Participants with missing data were not included in the final analysis (4/17, 23.5%).			
Missing data	Yes	No imputations for missing data were made. PP analysis not conducted.			

Characteristics of included studies	Chronic widespread pain		
Study ID	**Yuan 2013**		
Study reference	Yuan SLK, Berssaneti AA, Marques AP. The effectiveness of shiatsu on pain, sleep quality and balance confidence of fibromyalgia patients: a controlled clinical trial. Annals of the rheumatic disease. 2013;71. Yuan SLK, Berssaneti AA, Marques AP. Effects of Shiatsu in the Management of Fibromyalgia Symptoms: A Controlled Pilot Study. Journal of Manipulative & Physiological Therapeutics. 2013;36(7):436-43. Yuan SLK, Berssaneti AA, Marques AP. The effectiveness of shiatsu on pain, sleep quality and balance confidence of fibromyalgia patients: A controlled clinical trial. Annals of the Rheumatic Disease Conference: Annual European Congress of Rheumatology of the European League Against Rheumatism, EULAR. 2012;71(SUPPL. 3).		
Study design	RCT	cluster design	Participant in one center allocated to shiatsu, participants in the other allocated control
Author affiliation	Three authors are affiliated with a tertiary institution in Brazil		
Source of funds	This study was supported by Medical Clinical Science and Technology Development Funding of Jiangsu University, China.		
Declared interests of study authors	The authors declare no conflict on interest.		
Setting / provider	Outpatient, multicentre	Rehabilitation service centre and at the outpatient clinic of a hospital	
Country(s) / region	Brazil	Sao Paulo	
Enrolment period	July 2010 to December 2011		
Length of follow up (months)	2 months		
Description of population	*N=*	*Description*	
participants	40	Fibromyalgia	
details	*Inclusion criteria:* Patients aged 30 to 65 years diagnosed as having primary fibromyalgia by a rheumatologist or an orthopedist, fulfilling the 1990 American College of Rheumatology criteria *Exclusion criteria:* Presence of other diseases that cause chronic pain, skin lesions and in fections, pregnancy, and use of physical therapy or complementary and alternative therapies in the last 6 months.		
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*	

Characteristics of included studies	Chronic widespread pain					
Study ID	**Yuan 2013**					
Intervention	20	Shiatsu: Shiatsu for 40 minutes, twice a week for 8 weeks (total 16 sessions). Full body shiatstu was carried out applying pressure according to the patients feedback, with the hands or finders. All main meridians of the body was addressed in each session. At the end of the session, a 2-minute sustained pressure treatment was applied on the 5 energetically most compromised points.				
Comparator #1 (control)	--	--				
Comparator #2 (other)	20	Education: Participants received an educational booklet with information concering fibromyalgia and how to manage this condition, including stretching exercises. Participants remained for 8 weeks on the waiting list for usual care in the physical therapy service				
Comparator #3 (other)	--	--				
Co-interventions	Yes	Usual care (pharmacotherapy)				
Is practitioner/ instructor certified?	Yes	Include in subgroup A	"Physical therapist trained in Shiatsu"			
Is there an inactive comparator?	No	Comparison=other				
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Not specified	Pain intensity	Baseline, end of treatment (8 wks)	Visual analogue scale	Score range 0-10; Higher score means worse pain	
2	Not specified	Pain pressure threshold	Baseline, end of treatment (8 wks)	Dolorimetry (kg/cm2)	mean of 18 tender points; Higher score means better pain pressure threshold	Positive tender points present values below 2.6 kg/cm2
3	Not specified	State Anxiety	Baseline, end of treatment (8 wks)	State Trait Anxiety Inventory (20-items)	Score range 20-80; Higher score means worse state anxiety	

Characteristics of included studies	Chronic widespread pain					
Study ID	**Yuan 2013**					
4	Not specified	Trait Anxiety	Baseline, end of treatment (8 wks)	State Trait Anxiety Inventory (20-items)	Score range 20-80; Higher score means worse trait anxiety	
5	Not specified	Sleep quality	Baseline, end of treatment (8 wks)	Pittsburgh Sleep Quality Index (PSQI) (19-items)	Score range 0-21; Higher score means worse sleep quality	Score >5 indicates poor sleep quality and sleep disturbances
6	Not specified	Symptom impact/disability	Baseline, end of treatment (8 wks)	Fibromyalgia Impact Questionnaire (10-items)	Score range 0-100; validated Brazilian version	Higher score means greater impact on health
7	--	--				
8	--	--				
Method of analysis						
Statistics	Independent t tests were used with variables that were normally distributed, and Mann Whitney rank sum tests were used with variables that were not normally distributed. After the 8-week study period, comparison between groups was performed through change scores, that is, the difference between the final and initial measurement of the variables. A significance level of 0.05 was adopted. These statistical tests were performed using software SigmaStat 3.5 (Systat Software, Inc, Erkrath, Germany)					
Population analysed	Per protocol	The protocol was interrupted when the participant missed 2 consecutive sessions, or a total of 4 sessions of the treatment and were excluded from analys				
Missing data	Yes	Three participants in each arm discontinued or were excluded from the per-protocol analysis				

Characteristics of included studies	Primary Dysmenorrhea		
Study ID	**Soliman 2017**		
Study reference	Soliman H, El-Hosary E. The Efficacy of Shiatsu Therapy at "Sea of Energy" Point on Primary Dysmenorrhea in Nursing Students. 2017		
Study design	RCT	pseudorandomised	alternatate allocation (even/odd numbers)
Author affiliation	Both authors are affiliated with a tertiary institution in Egypt		
Source of funds	Not reported.		
Declared interests of study authors	Not reported.		
Setting / provider	Single centre	College of Applied Medical Science, Shaqra University	
Country(s) / region	Egypt	Shaqra	
Enrolment period	2015-2016		
Length of follow up (months)	2 months		
Description of population	*N=*	*Description*	
participants	82	Primary dysmenorrhea	
details	*Inclusion criteria:* Unmarried nursing students who have regular menstrual cycles of 21-35 days and suffer from menstrual pain and discomforts. *Exclusion criteria:* Students with pelvic diseases, abdominal and pelvic surgeries or having severe psychological stress (parents' divorce, death of close relatives, etc.) and taking sedatives		
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*	
Intervention	46	Shiatsu: The researchers provided a personal training of self-care shiatsu therapy to all the participants in the shiatsu group. Additionally, they provided information about shiatsu therapy through (video, pictures, text)as follows: Stimulate the "sea of energy" point located in the abdominal area by measuring two fingers width below navel, then, light pressure with manipulation or light massage is applied to this area by fingers with deep breathing, for one to two minutes. These steps applied three times daily during the menstruation for two consecutive menstrual cycles.	
Comparator #1 (control)	36	Health education: Researchers provided participants with health education about the usual care of menstruation such as hygiene and diet	
Comparator #2 (other)	--	--	

Characteristics of included studies	Primary Dysmenorrhea					
Study ID	**Soliman 2017**					
Comparator #3 (other)	--	--				
Co-interventions	--	--				
Is practitioner/ instructor certified?	No	Include in subgroup B	Participant led shiatsu			
Is there an inactive comparator?	Yes	Comparison=control	Inactive / educational advice			
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Not specified	Pain intensity	Baseline, end of one treatment, 1,2 and 3 hours after each treatment	Visual analogue scale (VAS)	Higher score means worse pain	
2	Not specified	Symptom severity	Baseline, end of one treatment, 1,2 and 3 hours after each treatment	Symptom severity score	Participants recorded impact and severity of symptoms. Details not provided	Possible nonreporting of some items
Method of analysis						
Statistics	All statistical analyses were done using SPSS version 20. Initially, the internal consistency coefficients were examined to ensure the reliability of the used instrument for the present samples. Frequencies, means and standard deviations were calculated to describe the samples. T-test and ANOVA were used to compare the means of two different groups. Statistical significance was considered at p-value <0.05.					
Population analysed	Intent-to-treat					
Missing data	Not specified	No information. (no CONSORT diagram available).				

Characteristics of included studies	Pregnancy, prenatal
Study ID	**Schitter 2015**
Study reference	Schitter AM, Nedeljkovic M, Baur H, Fleckenstein J, Raio L. Effects of Passive Hydrotherapy WATSU (WaterShiatsu) in the Third Trimester of Pregnancy: Results of a Controlled Pilot Study. Evidence-based Complementary & Alternative Medicine (eCAM). 2015:1-10.
Study design	RCT Pilot study
Author affiliation	
Source of funds	Bern University, Edith Maryon Foundation and Reiner Foundation.
Declared interests of study authors	The authors declare no conflicts of interest
Setting / provider	University Hospital of Bern
Country(s) / region	Switzerland
Enrolment period	May 2012 to May 2014
Length of follow up (months)	8 days
Description of population	*N=* *Description: pregnant women with pregnancy-related complaints at week > 34 gestation*
participants	*Inclusion criteria:* pregnant women with pregnancy-related complaints at week > 34 gestation
details	*Exclusion criteria:* pathological findings during pregnancy, neurological deficis from low back pain, WATSU within the past four weeks, poor language skills.
Description of intervention/ comparator	*n=* *Description (include # treatment sessions, session duration, program duration)*

Characteristics of included studies	Pregnancy, prenatal					
Study ID	**Schitter 2015**					
Intervention	9	WATSU: performed on days 1 and 4 (same therapists), sessions were 60 minutes from 9am-10am in a 35 degree therapy pool, sessions were followed by 500ml oral hydration and accomplied by an ultrasound before and after WATSU treatment and on day 8. If indicated and consented, external cephalic version (ECV) was performed on day 9 of the study. During treatment, participants were in supine position being supported on their head, pelvis and knees by a therapist and supported by a floating deivce on the lower back. The participant was slowly floating back and forth in large circular patterns.				
Comparator #1 (control)	8	No intervention (control)				
Comparator #2 (other)	--	--				
Comparator #3 (other)	--	--				
Co-interventions	--	--				
Is practitioner/ instructor certified?	Yes	Include in subgroup A	Specalised therapists - cerification by the Swiss Aquatic Bodywork Association.			
Is there an inactive comparator?	Yes	Comparison=control				
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Not specified	Percevied stress	Baseline, end of treatment (day 4), followup (day 8)	Percevied stress scale (10-items)	0-5 likert scale, higher scores means higher perceived overload on life	Self reported
2	Not specified	Physical component	Baseline, end of treatment (day 4), followup (day 8)	SF-36 - physical health component score (36 items)	Total: 0 (negative health) - 100 (positive health).	Self reported

Characteristics of included studies	Pregnancy, prenatal					
Study ID	**Schitter 2015**					
3	Not specified	Mental component	Baseline, end of treatment (day 4), followup (day 8)	SF-36 - mental health component score (36 items)	Total: 0 (negative health) - 100 (positive health).	Self reported
4	Not specified	Physical functioning	Baseline, end of treatment (day 4), followup (day 8)	SF-36 - Physical functioning subscale (10 items)	Total: 0 (negative health) - 100 (positive health).	Physical component
5	Not specified	Role-physical	Baseline, end of treatment (day 4), followup (day 8)	SF-36 - role-physical subscale (4 items)	Total: 0 (negative health) - 100 (positive health).	Physical component
6	Not specified	Pain	Baseline, end of treatment (day 4), followup (day 8)	SF-36 - bodily pain subscale (2 items)	Total: 0 (negative health) - 100 (positive health).	Physical component
7	Not specified	General health	Baseline, end of treatment (day 4), followup (day 8)	SF-36 - general health perceptions subscale (5 items)	Total: 0 (negative health) - 100 (positive health).	Physical component
8	Not specified	Role-emotional	Baseline, end of treatment (day 4), followup (day 8)	SF-36 - role-emotional subscale (3 items)	Total: 0 (negative health) - 100 (positive health).	Psychoemotional component
9	Not specified	Mental health	Baseline, end of treatment (day 4), followup (day 8)	SF-36 - mental health subscale (5 items)	Total: 0 (negative health) - 100 (positive health).	Psychoemotional component
10	Not specified	Social functioning	Baseline, end of treatment (day 4), followup (day 8)	SF-36 - social functioning subscale (2 items)	Total: 0 (negative health) - 100 (positive health).	Psychoemotional component
11	Not specified	Vitality	Baseline, end of treatment (day 4), followup (day 8)	SF-36 - Vitality subscale (4 items)	Total: 0 (negative health) - 100 (positive health).	Psychoemotional component

Characteristics of included studies	Pregnancy, prenatal					
Study ID	**Schitter 2015**					
12	Not specified	Pain	Baseline, end of treatment (day 4), followup (day 8)	Visual analogue scale (0-10)	0-5 likert scale, higher scores means higher perceived pain	Authors do not report usable data
13	Not specified	Mood	Baseline, end of treatment (day 4), followup (day 8)	Multidimentional mood questionnaire (MDMQ) subscale (5 points scale)	Score range 12-60; higher score means better mood	
14	Not specified	Alertness	Baseline, end of treatment (day 4), followup (day 8)	MDMQ subscale	Score range 12-60; higher score means better mood	
15	Not specified	Calmness	Baseline, end of treatment (day 4), followup (day 8)	MDMQ subscale	Score range 12-60; higher score means better mood	
16	Not specified	Fetal position	20 minutes before and after intervention on days 1 and 4, and morning of day 8.	Ultrasound		Data not reported in study
17	Not specified	Fetal health	21 minutes before and after intervention on days 1 and 4, and morning of day 8.	Amniotic fluid volume (Single deepest fluid pocket (cm))	Ultrasound	Data not reported in study
18	Not specified	Pulsatility index - Umbilical and uterine arteries	22 minutes before and after intervention on days 1 and 4, and morning of day 8.	Doppler exam		Data not reported in study
Method of analysis						
Statistics	Analyses of outcome measures within the intervention group were performed using Wilcoxon test. All analyses were two tailed, with the level of significance set at $p < 0.05$ with 95% confidence interval. All continuous data are presented as mean value ± stand ard deviation (SD). For the purpose of international com parability, outcome values of the SF-36 main scales were standardized by employing the weighting coefficient for US population and transformed into percentages [30]. Effect size parameters (*f*) were derived from partial n2 values and were reported based on the following effect size conventions: *f*: 0.10 = small, 0.25 = medium, and 0.40 = large					

Characteristics of included studies	Pregnancy, prenatal	
Study ID	**Schitter 2015**	
Population analysed	Intent-to-treat	For missing ddata the last observation was carried forward.
Missing data	Yes	3/8 (38%) dropped out in control group after randomsation

Characteristics of included studies	Pregnancy, labour induction			
Study ID	**Teimoori 2014**			
Study reference	Teimoori, B., et al. (2014). "Evaluation effect of shiatsu technique on labor induction in post-term pregnancy." Global journal of health science 7(3): 177-183.			
Study design	RCT	Other (specify)	Pilot study	Random table method
Author affiliation	All 4 authors affiliated with the same tertiary education instituion			
Source of funds	Zahedan University of Medical Sciences			
Declared interests of study authors	Not reported			
Setting / provider	Hospital			
Country(s) / region	Iran	Zahedan		
Enrolment period	2010-2011			
Length of follow up (months)				
Description of population	*N=*	*Description*		
participants	288	Post term pregnancy induction		
details	*Included:* reliable EDC, post-term pregnancy, non-consequence pregnancy, presentation of cephalic. *Excluded:* cervix dilatation over three centimeter, active labor, and premature rupture of membranes, previous cesarean and pathology in mother or neonate			
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*		

Characteristics of included studies	Pregnancy, labour induction					
Study ID	**Teimoori 2014**					
Intervention	NR	Shiatsu: 30s on three points GB21 (below the top shoulder hollow), L14 (between thumb and forefinger back of the hand) and SP6 (three fingers above exterior ankle of the foot) by right hand thumb and using Acu-health device by an experienced midwife. Technique was repeated in case labor would not start after 24h.				
Comparator #1 (control)	NR	No intervention				
Comparator #2 (other)	--	--				
Comparator #3 (other)	--	--				
Co-interventions	--	Routine care (details not provided)				
Is practitioner/ instructor certified?	Not specified	Include in subgroup C				
Is there an inactive comparator?	Yes	Comparison=control				
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Not specified	Birth experience	within 24-hrs of treatment	Spontaneous initiation of labour	High frequency inition spontaneous delivery % = more patients entering spontaneous labor	Reported as a 'frequency inition spontaneous delivery (%)'
2	Not specified	Birth experience	within 24-hrs of treatment	Bishop score	not further described	

Characteristics of included studies	Pregnancy, labour induction				
Study ID	**Teimoori 2014**				
3	Not specified	Birth experience	within 24-hrs of treatment	Mean labour initiation period	not further described
4	Not specified	Birth experience	within 24-hrs of treatment	Mean duration of labour	not further described
5	Not specified	Birth experience	within 24-hrs of treatment	Use of inductive medicines	oxytocin use
6	Not specified	Birth experience	within 24-hrs of treatment	Analgaesic use	not further described
7	Not specified	Birth experience	within 24-hrs of treatment	Type of delivery	Caesarean/vaginal
8	Not specified	Fetal outcomes	within 24-hrs of treatment	Presence of fetal distress	not further described
9	--	--			
10	--	--			
11	--	--			

Characteristics of included studies	Pregnancy, labour induction	
Study ID	**Teimoori 2014**	
12	--	--
13	--	--
14	--	--
15	--	--
16	--	--
17	--	--
18	--	--
Method of analysis		
Statistics	Data analysed by SPSS version 15.00, using t-tests and chi-square tests.	

Characteristics of included studies	Pregnancy, labour induction
Study ID	**Teimoori 2014**
Population analysed	Intent-to-treat
Missing data	No

Characteristics of included studies	Postnatal, mothers of preterm infants	
Study ID	**Sheng 2021**	
Study reference	Sheng J, Ding Y, Wang J, Zhang J, Qi X, Xia H. The Acceptability, Feasibility, and Effectiveness of Breast Massage Combined with Acupoint Stimulation to Promote the Volume of Human Milk in Mothers with Preterm Infants: A Pilot Study. Evidence-based Complementary and Alternative Medicine. 2021;2021	
Study design	RCT	Pilot - computer generated random table number
Author affiliation		
Source of funds	Not reported	
Declared interests of study authors	Authors declare no conflicts of interst	
Setting / provider	Obstetrics hospital	
Country(s) / region	China	
Enrolment period	September 2019 - Janurary 2020	
Length of follow up (months)	Daily follow up via phone call - until preterm infants were returned to participants and expression was finished	
Description of population	*N=*	*Description*
participants	33	Preterm infant mothers
details	*Inclusion criteria:* 1) had a baby with a gestational age before 34 weeks, (2) were 18 years or older, (3) had a preterm baby in NICU, and (4) were willing to express milk and participate in the trial. *Exclusion criteria:* (1) were unable to breastfeed, (2) were reluctant to express milk, (3) had serious complications that would affect the expression, (4) had a mental disorder, or (5) had difficulties in listening, speaking, reading, or writing that would affect communication.	
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*

Characteristics of included studies	Postnatal, mothers of preterm infants					
Study ID	**Sheng 2021**					
Intervention	16	Breast massage: <24 hr after delivery, prior to expression (6-8 times per day), 15-20 minutes. Performed by massage hte breat circularly with finger and palm (20 minutes), touch and shake breast gently (20 times), pat the breast with far finger pulps from the periphery to center (20 times) comb the breast with five fingers from the foot to the nipple (20 times). Performed by main researcher initially, who taught women and family members to perform the intervention. Acupoint stimulation: <24 hours after delivery, three times a day with index finger, 3-5 minutes per acupoint (ST18, CV17, Hegu L14, Shaoze SI1) 3-5 minutes after getting Qi (pressure induced acid, numbness and swelling), three times a day.				
Comparator #1 (control)	'--	No intervention (control)				
Comparator #2 (other)	--	--				
Comparator #3 (other)	--	--				
Co-interventions	17	Education and support from X: how to maintain early skin-to-skin contact, benefits of human milk, milk expression methods, hand/pump cleaning, prevention of loctation related problems.				
Is practitioner/ instructor certified?	No	Include in subgroup B	intervention performed by medical researcher. Medical researcher and Chinese medical doctor design intervention based on literature,			
Is there an inactive comparator?	Yes	Comparison=control				
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Not specified	Frequency of milk expression	baseline (6 hours post delivery), the every 24 hours for 7 days	Milk expression diary	times per day	By hand or pump
2	Not specified	Duration of milk expression	baseline (6 hours post delivery), the every 24 hours for 7 days	Milk expression diary	minutes per day	

Characteristics of included studies	Postnatal, mothers of preterm infants				
Study ID	**Sheng 2021**				
3	Not specified	Total days of milk expression	baseline (6 hours post delivery), the every 24 hours for 7 days	Milk expression diary	days
4	Not specified	Volume of milk expressed in one week	baseline (6 hours post delivery), the every 24 hours for 7 days	Milk expression diary	Calculated mL
5	Not specified	Initiation time of lactogenesis stage II	End of treatment (prior to discharge)	hours	1= no change in breast fullness, 3= noticebly fuller, 5 = uncomfortably full
6	Not specified	Satisfaction with the Intervention	End of treatment (prior to discharge)	0–5-point scale, where 0 was very dissatisfied and 5 was very satisfied	
7	--	--			
8	--	--			
9	--	--			
10	--	--			
11	--	--			

Characteristics of included studies	Postnatal, mothers of preterm infants	
Study ID	**Sheng 2021**	
12	--	--
13	--	--
14	--	--
15	--	--
16	--	--
17	--	--
18	--	--
Method of analysis		
Statistics	A descriptive statistical method was applied to describe the general data of the research object, in which the measurement data were expressed by means of mean ± standard deviation, and the counting data were expressed by frequency and percentage; Pearson's chi squared test or Fisher's exact test was utilized for comparison of the counting data between groups; T test was used for the measurement data; and a generalized estimating equation (GEE) was employed to compare the repeated measurement data in different groups and times.	

Characteristics of included studies	Postnatal, mothers of preterm infants	
Study ID	**Sheng 2021**	
Population analysed	Intent-to-treat	Modified. Among 40 enrolled participants, 7 did not complete the study. No adjustment for missing data was made
Missing data	Yes	4 participants withdrew from the experimental group, and 3 from the control group. Reasons were relatedd to partial completion of diary, lost contact and death of infant.

Characteristics of included studies	Burns		
Study ID	**Ardabili 2014**		
Study reference	Ardabili FM, Purhajari S, Najafi Ghezeljeh T, Haghani H. The effect of shiatsu massage on pain reduction in burn patients. World Journal of Plastic Surgery. 2014;3(2):115-8. Mohaddes Ardabili F, Purhajari S, Najafi Ghzeljeh T, Haghani H. The effect of shiatsu massage on underlying anxiety in burn patients. World Journal of Plastic Surgery. 2015;4(1):36-9.		
Study design	RCT		
Author affiliation	All authors affiliated with a tertiary institution in Iran.		
Source of funds	Iran University of Medical Sciences		
Declared interests of study authors	The authors declare no conflict of interest		
Setting / provider	Hospital		
Country(s) / region	Iran	Tehran	
Enrolment period	2013-2013		
Length of follow up (months)	Not reported		
Description of population	*N=*	*Description*	
participants	120	Burn patients with underlying anxiety	
details	*Included:* Burn injuries of 10-45%, with healthy skin available on the hands for massage. *Excluded:* Not reported		
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*	
Intervention	30	Shiatsu (hand and leg). Patients were on a bed or chair and shiatsu on the hand and leg was performed for 20 minutes. Not specifically stated how many sessions patients underwent. Likely to be only one session	
Comparator #1 (control)	30	No intervention	
Comparator #2 (other)	30	Shiatsu (hand). Patients were on a bed or chair and shiatsu on the hands was performed for 20 minutes. Not specifically stated how many sessions patients underwent. Likely to be only one session	

Characteristics of included studies	Burns					
Study ID	**Ardabili 2014**					
Comparator #3 (other)	30	Shiatsu (leg). Patients were on a bed or chair and shiatsu on the legs was performed for 20 minutes. Not specifically stated how many sessions patients underwent. Likely to be only one session				
Co-interventions	Analgesic medications - not specified					
Is practitioner/ instructor certified?	Not specified	Include in subgroup C				
Is there an inactive comparator?	Yes	Comparison=control				
Outcomes (measure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Not specified	Anxiety	Before and after shiatsu massage	Burn Specific Pain Anxiety Scale (BSPAS)	Higher score means higher anxiety	
2	Not specified	Pain intensity	Before and after shiatsu massage	Visual analogue scale (VAS)	Higher score means higher pain intensity	
Method of analysis						
Statistics	The data was analysed by the SPSS software using independent t-test and test of significance. A p value less than 0.05 was statistically considered significant					
Population analysed	Intent-to-treat	All randomised patients included in the analysis				
Missing data	No	All data available. PP analysis not conducted.				

Characteristics of included studies	Recovery after minimally invasive surgery		
Study ID	**Ruan 2021**		
Study reference	Ruan D, Li J, Liu J, Li D, Ji N, Wang C, et al. Acupoint Massage Can Effectively Promote the Recovery of Gastrointestinal Function after Gynaecologic Laparoscopy. Journal of Investigative Surgery. 2021;34(1):91-5.		
Study design	RCT	pseudorandomised	No description of randomisation method.
Author affiliation			
Source of funds	Xinjiang Uygur Autonomous Region Chinese medicine and ethnic medicine administration key subject “Tuina” project in 13th Five-Year.		
Declared interests of study authors	The authors declare no conflict of interest		
Setting / provider	Hospital		
Country(s) / region	China		
Enrolment period			
Length of follow up (months)	Not reported		
Description of population	*N=*	*Description*	
participants	160	Patients after laparoscopic surgery for gynaecologic indications	
details	*Inclusion criteria:* patients who received laparoscopic surgery with pneumoperitoneum insufflated with carbon dioxide, and only those with clinical data completely recorded. *Exclusion criteria:* diabetes, liver and kidney metabolic diseases, cardiovascular disorders, and infectious diseases. Patients not eligible to acupressure due to skin lesions, and those required secondary surgery were also not included.		
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*	
Intervention	80	Acupoint massage: performed 6 hours post-op to Zusanli, Neiguan, Zhongyu, and Sanyinjiao acupoints. Each acupoint was massaged TDS until the first anal exhausted was restored.	

Characteristics of included studies	Recovery after minimally invasive surgery					
Study ID	**Ruan 2021**					
Comparator #1 (control)	80	No intervention (in adjuct to co intervention)				
Comparator #2 (other)	--	--				
Comparator #3 (other)	--	--				
Co-interventions	160	Standard and post-operative nursing care:				
Is practitioner/ instructor certified?	Not specified	Include in subgroup C				
Is there an inactive comparator?	Yes	Comparison=control				
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Primary	Bowel recovery	6 hours post op, then 2nd hrly until return of bowel sounds	Return of bowel sounds via auscultation	Complete recovery = return of sounds and within 12hrs; Significant recovery = return of sounds and within 12-24hrs; Improvement = return of bowel sounds within 34-36 hrs; No improvement = absence of bowel sounds beyond 36 hrs.	
2	Primary	Bowel recovery	Time till defecation following surgery	Time elapsed between first and last defecation	Complete recovery = return of defection and within 12hrs; Significant recovery = return of defection within 12-24hrs; Improvement = return of defection within 34-36 hrs; No improvement = absence of defection beyond 36 hrs.	
3	Primary	Response rate	calculated	Clinician rated	Percentage of patients showing complete recovery, significant improvement or improvement among all participants.	
4	Primary	Biomarkers, motility	Baseline, 12 hrs post op, 24 hrs post op, 48 hrs post op	Serum motilin	ELISA	

Characteristics of included studies	Recovery after minimally invasive surgery				
Study ID	**Ruan 2021**				
5	Primary	Biomarkers, motility	Baseline, 12 hrs post op, 24 hrs post op, 48 hrs post op	Serum Somatostatin	ELISA
6	Primary	Biomarkers, motility	Baseline, 12 hrs post op, 24 hrs post op, 48 hrs post op	Serum Cholecystokinin	ELISA
7	--	--			
8	--	--			
Method of analysis					
Statistics	SPSS version 18				
Population analysed	Intent-to-treat				
Missing data	Not specified				

Characteristics of included studies	Recovery after minimally invasive surgery		
Study ID	**Sui 2019**		
Study reference	Sui TQ, Zhang FY, Jiang AL, Zhang XQ, Zhang ZW, Yang Y, et al. A randomized study on the effect of sequential acupoint stimulation on pulmonary function of patients with spontaneous pneumothorax during VATS perioperative period. Medicine. 2019;98(10):e14575.		
Study design	RCT	SPSS random number generator	
Author affiliation			
Source of funds	Project of Binhai New Area of Tianjin		
Declared interests of study authors	The authors declare no conflict of interest		
Setting / provider	Hospital		
Country(s) / region	China		
Enrolment period	January 2012 to June 2016		
Length of follow up (months)	30 days		
Description of population	*N=*	*Description*	
participants	398	Patients after video assisted thoracoscopic surgery (VATS) due to spontaneous pneumothorax	
details	*Inclusion criteria:* Patients treated by VATS in the Department of Thoracic Surgery of Tianjin Fifth Central Hospital *Exclusion criteria:* Not reported.		
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*	
Intervention	200	Acupoint stimulation: 20 actions were completed per round in the early post operative days 1, 3, 5 and 30. The Shenshiu (BL23) acupoint was first stimulated, which was heavily hit by empty palms (allowing air to impact acupoints); Gaohuang (BL43) and Feishu (BL13) acupoints 'were the key'; Next, Tiantu (CV22) acupoint was pressed with the index finger 5 times.	

Characteristics of included studies	Recovery after minimally invasive surgery					
Study ID	**Sui 2019**					
Comparator #1 (control)	198					
Comparator #2 (other)	--	--				
Comparator #3 (other)	--	--				
Co-interventions	398	Routine nursing care				
Is practitioner/ instructor certified?	Yes	Include in subgroup A	Nurse			
Is there an inactive comparator?	Yes	Comparison=control				
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Not specified	Pulmonary function	postoperative day 1, 3, 4, 30	Maximal Ventilatory Volume (MVV)	MSA99 pulmonary function detector	Measured 30 minutes after acupoint stimulation
2	Not specified	Pulmonary function	postoperative day 1, 3, 4, 30	Oxygen saturation (SpO2)	Oximeter	Measured 30 minutes after acupoint stimulation
3	Not specified	Clinical markers	total postoperative	Chest tube drainage volume (mL)		
4	Not specified	Clinical markers	total postoperative	Chest tube drainage time (days)		

Characteristics of included studies	Recovery after minimally invasive surgery					
Study ID	**Sui 2019**					
5	Not specified	Resource use	total postoperative	Length of stay (days)		
6	Not specified	Biomarker, proinflammatory	postoperative day 1, 3, 4, 30	serum Procalcitonin (PCT)	ELISA	Measured 30 minutes after acupoint stimulation
7	--	--				
8	--	--				
Method of analysis						
Statistics	SPSS v 16.0, t-test.					
Population analysed	Intent-to-treat					
Missing data	Yes					

Characteristics of included studies	Recovery after minimally invasive surgery		
Study ID	**Xia 2014**		
Study reference	Xia, W. Q. (2014). "Acupoint massage in relieving pain after ureteroscopic holmium laser lithotripsy." Journal of Acupuncture and Tuina Science 12(6): 375-378.		
Study design	RCT	numbered by admission sequence and then randomised into treatment arms.	
Author affiliation	Author affiliated with a Chinese hospital		
Source of funds	Tongxiang Hospital of Chinese Medicine		
Declared interests of study authors	The authors declare no conflict of interest		
Setting / provider	Hospital		
Country(s) / region	China	Zhejiang	
Enrolment period	March of 2013 and February of 2014.		
Length of follow up (months)	Not reported		
Description of population	*N=*	*Description*	
participants	92	Patients after ureteroscopic holmium laser lithotripsy to treat ureteral calculus	
details	*Inclusion criteria:* Ureteral calculi's confirmed via ultrasound, Xray or intravenous pyelography prior to operation, conscious - able to consent, able to cooperatively manage pain; no wounds or skin lesions at treatment area *Exclusion criteria:* Mental disorders; verbal communication difficulty; complications in the heart, brain, liver, lung or kidney; skin lesions in the treatment area; aged over 75		
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*	
Intervention	46	Acupoint massage: Zhigou (TE 6), Zusanli (ST 36), Yanglingquan (GB 34), and Kunlun (BL 60). Practitioner perpendicularly pressed the acupoint with thumb, gradually increasing the strength then gradually reducing the strength, better to produce dull pain, distending or numb sensations. Each acupoint was treated for 3 min. Massgage was performed 2-3 hrs, 6hrs, 10hrs and 20hrs post surgery.	

Characteristics of included studies	Recovery after minimally invasive surgery					
Study ID	**Xia 2014**					
Comparator #1 (control)	46	no intervention (control)				
Comparator #2 (other)	--	--				
Comparator #3 (other)	--	--				
Co-interventions	46	Regular nursing care				
Is practitioner/ instructor certified?	Not specified	Include in subgroup C				
Is there an inactive comparator?	Yes	Comparison=control				
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*
1	Primary	Postoperative pain	6hr, 12 hr and 24 hr post operation	Visual analogue scale (0-10)	higher score means worse pain	Participant reported own symptoms, nurse recorded results.
2	Primary	Pain relief	6hr, 12 hr and 24 hr post operation	Analgaesic use	0- no pain; 1-3=mild; 4-6=moderate; >6=severe	Participant reported own symptoms, nurse recorded results.
3						
4						

Characteristics of included studies	Recovery after minimally invasive surgery
Study ID	**Xia 2014**
5	
6	
7	
8	
Method of analysis	
Statistics	SPSS 13.0 version statistical software. Data was analysed by Chi-square test.
Population analysed	Intent-to-treat
Missing data	Not specified

Characteristics of included studies	Recovery after minimally invasive surgery		
Study ID	**Zhenqing 2019**		
Study reference	Zhenqing R, Yan W, Weihua Z, Hongmei D, Xiuhong C, Hua H, et al. Efficacy of acupoint massage combined with acupoint application on arterial blood gas in patients undergoing laparoscopic cholecystectomy. Pakistan journal of pharmaceutical sciences. 2019;32(3 Special):1375-80.		
Study design	RCT	Prospective cohort	The randomisation protocol was not reported in the study. Authors state the randomisation method was reported in their previous study (Li-Li 2016) - 1:1 computer generated random number by third party personnel,
Author affiliation			
Source of funds	This study was supported by Medical Clinical Science and Technology Development Funding of Jiangsu University, China.		
Declared interests of study authors	Not reported		
Setting / provider	Hospital		
Country(s) / region	China		
Enrolment period	April 2015 to April 2017		
Length of follow up (months)	Not reported		
Description of population	*N=*	*Description*	
participants	98	Patients after laparoscopic cholecystectomy for gallbladder disease	
details	*Inclusion criteria:* Diagnosed with gallbladder disease.; Aging between 30 and 60 years old (male and female);No history of LC treatment or any kinds of biliary tract surgery; No history of any kinds of acupoint therapy; No obvious concomitant disease which could influence arterial blood gas; Life expectancy ≥ 5 years; Willing to participate in the treatment of acupoint therapy. *Exclusion criteria:* History of radiotherapy, chemotherapy or ma jor surgery; Severe pulmonary disease; Kidney disease which could influence concentration of HCO 3 in blood; Presence of tumour disease. (5) Active skin disease or infection which hampered acupoint therapy; Unable to provide self care or commu nicate, or have mental illness; History of hypertension or peripheral vascular disease; Pregnant or lactating		
Description of intervention/ comparator	*n=*	*Description (include # treatment sessions, session duration, program duration)*	
Intervention	49	Acupoint therapy = combination of acupoint massage with acupoint application, 3 hrs before aneathesia in LC surgery. Four acupoints ((Hegu acupoint (LI4), Neiguan Point (PC6), Z usanli Point (st36) and Tanzhong acupoint (CV17)) were selected. Acupoint massage was performed for 10 minutes and repeated 3 times, then acupressure application was subsequrently performed with acupressure wrisband at specific acupoints.	

Characteristics of included studies	Recovery after minimally invasive surgery						
Study ID	**Zhenqing 2019**						
Comparator #1 (control)	49	No intervetion (contro)					
Comparator #2 (other)	--	--					
Comparator #3 (other)	--	--					
Co-interventions	--	Laparoscoptic colecyctectomy and routine nursing care					
Is practitioner/ instructor certified?	Yes	Include in subgroup A	By an 'experiencd physician' according to standard protocols of World Federation of Acupuncture Moxibustion Societies				
Is there an inactive comparator?	Yes	Comparison=control					
Outcomes (meaure, description, tool, timing)	*Primary?*	*Description*	*timing*	*measured with*	*measure details*	*other*	
1	Primary	Arterial blood gas	preoperative, mid surgery (5 & 15 mins), end of surgery	PH value			
2	Primary	Arterial blood gas	preoperative, mid surgery (5 & 15 mins), end of surgery	CO2 pressure			
3	Primary	Arterial blood gas	preoperative, mid surgery (5 & 15 mins), end of surgery	Sp02			
4	Primary	Arterial blood gas	preoperative, mid surgery (5 & 15 mins), end of surgery	CO2/O2 saturation			

Characteristics of included studies	Recovery after minimally invasive surgery				
Study ID	**Zhenqing 2019**				
5	Secondary	Postoperative complication	Frequency over 6 days	Nausea and vomiting	
6	Secondary	Postoperative complication	Frequency over 6 days	Postoperative pain	
7	Secondary	Postoperative complication	Frequency over 6 days	Hypercapnia	
8	Secondary	Postoperative complication	Frequency over 6 days	Deep venous thrombosis	
Method of analysis					
Statistics	SPSS 18.0, ANOVA				
Population analysed	Intent-to-treat				
Missing data	No				