RCT RESUL	rs (as reported	by the study au	thors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	Measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
Shiatsu vs s	ham								1				
No studies fo	ound												
Shiatsu vs c	ontrol												
			Pain	End of treatment (8wks)	VAS	Higher means more severe physical complaint	20/20	30 (25)	51 (20)	-22.2 (- 34.4, -10.1)	0.0007	Favours intervention	Some concerns
			Anxiety	End of treatment (8wks)	HADS	Lower means lesser degree of anxiety	20/20	5 (IQR 2,7)	6 (IQR 3, 8)	med. diff 1.0 (-2.0, 1.0)	0.256	No difference	Some concerns
			Depression	End of treatment (8wks)	HADS	Lower means lesser degree of depression	20/20	3 (IQR 2,5)	4 (IQR 3, 7)	med. diff 1.0 (-3.0, 1.0)	0.282	No difference	Some concerns
Donoyama	Gynecological	Shiatsu vs no intervention	Physical functioning	End of treatment (8wks)	EORTC QLQ- C30	Higher means better HRQoL	20/20	93 (IQR 87, 100)	93 (IQR 87, 100)	med. diff. 0.00 (0.0, 6.7)	0.755	Favours intervention	Some concerns
2013	(survivors)	to standard care)	Fatigue	End of treatment (8wks)	EORTC QLQ- C30	Higher means better HRQoL	20/20	28 (IQR 17, 33)	33 (IQR 11, 33)	med. diff 11.1 (-22.2, 0.0)	0.047	Favours intervention	Some concerns
			Physical symptoms (nausea & vomiting)	End of treatment (8wks)	EORTC QLQ- C30	Higher means better HRQoL	20/20	0 (IQR 0, 0)	0 (IQR 0, 0)	med. diff. 0.0 (not estimable)	0.506	Favours intervention	Some concerns
			Global health status/QoL	End of treatment (8wks)	EORTC QLQ- C30	Higher means better HRQoL	20/20	83 (IQR 67, 88)	67 (IQR 50, 83)	med. diff. 8.3 (0.0, 16.7)	0.042	Favours intervention	Some concerns
Shiatsu vs 'o	other'		Footnotes:	[1] Continuou was not reach	s data were pres ned and outcom	ented as medians e data are likely sk	and ranges (N lewed.	Median difference	e: Hodges-Lehm	ann 95% Cls	s). The inter	nded sample si	ize (N=60)

No studies found

Abbreviations: C, comparator; CI, confidence interval; HADS, hospital anxiety and depression; I, intervention; MAC, mental adjustment to cancer; NR, not reported; POMS, profile of moods; RoB, risk of bias; SD, standard deviation; VAS, visual analogue scale; wks, weeks

RCT RESULT	S (as reported	by the study au	thors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	Measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
Shiatsu vs s	ham		1	1	1								
No studies fo	ound												
Shiatsu vs c	ontrol												
			Cardiovascular disease risk	End of treatment (12 wks)	Systolic blood pressure	Closer to 120 is best	21/21	126.0 (5.46)	135.9 (6.72)	NR	<0.05	Favours intervention	Some concerns
		Acupoint	Cardiovascular disease risk	End of treatment (12 wks)	Diastolic blood pressure	Closer to 80 is best	21/21	84.5 (4.07)	90.3 (4.52)	NR	<0.05	Favours intervention	Some concerns
Guo 2015	Obesity (with hypertension)	massage vs no intervention (as adjunct to	Anthropometr ics	End of treatment (12 wks)	Body weight	Higher is worse	21/21	66.3 (6.02)	69.5 (7.17)	NR	NR	No difference	Some concerns
		Captopril tablets)	Anthropometr ics	End of treatment (12 wks)	Body fat percentage	Higher is worse	21/21	36.9 (6.62)	43.2 (7.14)	NR	<0.05	Favours intervention	Some concerns
			Footnotes:	[1] Blood fat ind intervention an [2] The differer	dicators (i.e. tota nd control group nce between me	l cholestrol, trigly were also report ans before and a	ceride, LDL-C a ed in the stud fter treatment	and HDL-C), anti y but the outcor within each gro	hypertensive eff nes have not bee up was not repo	icacy and cu en data extr orted.	ure as well a acted.	as recurrence r	ate in the
			Anthropometr ics	End of treatment (24 wks)	Body weight	Higher is worse	28/26	68.2 (12.4)	71.5 (10.06)	NR	<0.05	Favours intervention	Some concerns
		Meridian massage vs no	Anthropometr ics	End of treatment (24 wks)	Body mass index	Higher is worse	28/26	23.27 (1.3)	25.60 (1.13)	NR	<0.05	Favours intervention	Some concerns
Yan 2014	Obesity (BMI > 25)	intervention (as adjunct to diet and	Anthropometr ics	End of treatment (24 wks)	Waist circumference	Higher is worse	28/26	81.3 (5.8)	84.4 (6.3)	NR	<0.05	Favours intervention	Some concerns
		exercise)	Anthropometr ics	End of treatment (24 wks)	Hip circumference	Higher is worse	28/26	98.2 (6.5)	99.1 (7.7)	NR	<0.05	Favours intervention	Some concerns
			Footnotes:	[1] 2 patients lo	st to follow up, 4	4 rejected treatm	ent - not inclu	ded in statistical	analysis.				
Shiatsu vs 'o	other'												

RCT RESULT	IS (as reported	by the study au	thors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	Measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
					Study doe	es not measure o	r report any ou	itcomes conside	red to be critica	l or importa	nt to this re	eview.	
			Cardiovascular disease risk	End of treatment (2 wks)	Blood pressure, systolic	Closer to 120 is best	30/30	153.6 (12.2)	152.3 (10.8)	NR	0.779	No difference	Some concerns
			Cardiovascular disease risk	end of surgery	Blood pressure, diastolic	Closer to 80 is best	49/49	84.2 (7.1)	83.9 (6.9)	NR	0.69	No difference	Some concerns
Jie-era 2018	Diabetes (with peripheral	Acupoint massage vs mecobalamin tablets (as	Glycaemic control	End of treatment (2 wks)	Fasting glycaemia (blood glucose)	Higher is worse	30/30	6.7 (1.5)	6.6 (1.7)	NR	0.923	No difference	Some concerns
	neuropathy)	adjunct to routine diabetes care)	Oxygen saturation	End of treatment (2 wks)	Postprandial glycaemia (blood glucose)	Higher is worse	30/30	7.3 (1.5)	7.2 (1.4)	NR	0.878	No difference	Some concerns
			Observed effect	End of treatment (2 wks)	Ankle Brachial Index	Higher is worse	30/30	0.79 (0.33)	0.82 (0.35)	NR	0.033	Favours intervention	Some concerns
			Footnotes:	[1] Traditional (Chinese Medicin	e Syndrome and	clinical efficac	y outcomes were	e also reported b	out the outc	omes have	not been data	extracted.

Abbreviations: BMI, body mass index; C, comparator; CI, confidence interval; HDL-C, high-density lipoprotein-cholestrol; I, intervention; LDL-C, low-density lipoprotein-cholesterol; NR, not reported; RoB, risk of bias; SD, standard devision; wks, weeks

RCT RESULT	S (as reported	by the study au	thors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	<i>p</i> -value	direction of effect	RoB
Shiatsu vs s	ham												
No studies fo	ound												
Shiatsu vs c	ontrol												
			Global cognitive function	End of treatment (40 wks)	MMSE	Higher means worse function	6/6	20 (2.0)	18.1 (0.5)	NR	0.13	Not reported	High
	Symptoms of	Shiatsu vs no	Depressive symptoms	End of treatment (40 wks)	Geriatric depression scale-short form	Higher means more depression	6/6	10 (1.0)	12 (0.8)	NR	0.073	Not reported	High
Shiatsu vs sham No studies found Shiatsu vs control Shiatsu vs control Lanza 2018 Symptom depressio Alzheimen patients Kurebayshi Symptom stress	depression in Alzheimer patients	intervention (as adjunct to exercise)	Functional status	End of treatment (40 wks)	Activites of daily living	Higher is better	6/6	5.3 (0.5)	4.7 (0.5)	NR	0.68	Not reported	High
			Functional status	End of treatment (40 wks)	Instrumental activities of daily living		6/6	10 (1.0)	12 (0.8)	NR	0.22	Not reported	High
			Footnotes:	[1] 95% confide [2] Individual o	nce level (Bonfe utcome results	erroni post hoc tes for base line and	st) adjusted for end of treatme	r age and educat ent also available	ion levels.				
			Stress	End of each treatment (4wks)	LSS	Higher means more stress	30/33	50.4 (21.0)	65.9 (20.1)	NR	NR	NR	High
Kurebayshi	Symptoms of	Anma (and	Quality of life - Physical	End of each treatment (4wks)	SF12-physical	Higher means better QoL	30/33	51.7 (5.8)	45.8 (8.4)	NR	NR	NR	High
Lanza 2018 Symp Alzhe patie Kurebayshi 2020 Symp stress	stress	intervention	Quality of life - Mental	End of each treatment (4wks)	SF12-mental	Higher means better QoL	30/33	44.5 (8.1)	37.2 (11.0)	NR	NR	NR	High
			Footnotes:	[1] P-value avai [2] 18 randomis	lable for compa sed participants	rison of 3 interver (10[I] and 8[C]) dr	ntions, but not opped out of t	reported betwee he study and we	en single interve re not included	ntions. in the analy	sis.		

RCT RESULT	S (as reported	by the study au	uthors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
			Perceived Stress	baseline, end of treatment (3 months)	Visual analogue scale	mean [SEM] change from baseline	15/25	-1.93 (0.7)	-0.08 (0.5)	NR	<0.05	Favours intervention	High
			Perceived tiredness	baseline, end of treatment (3 months)	Visual analogue scale	mean [SEM] change from baseline	15/25	-1.73 (0.6)	0.68 (0.5)	NR	<0.05	Favours intervention	High
	Chuo nio atuan	Shiatsu vs	Somatic symptoms perception	baseline, end of treatment (3 months)	4S-Q (0-180)	mean [SEM] change from baseline	15/25	-13.4 (8.5)	4.52 (3.4)	NR	<0.05	Favours intervention	High
Lucini 2009 C (NRSI) (>	(>3 months)	educational advice	Cardiovascular health	baseline, end of treatment (3 months)	Blood pressure, systolic (mmHg)	mean [SEM] change from baseline	15/25	-3.0 (2.7)	7.0 (3.6)	NR	<0.05	Favours intervention	High
			Cardiovascular health	end of surgery	Blood pressure, diastolic (mmHg)	mean [SEM] change from baseline	49/49	-2.3 (2.4)	1.0 (2.0)	NR	NS	No difference	High
			Cardiovascular health	baseline, end of treatment (3 months)	Heart rate (beats per min)	mean [SEM] change from baseline	15/25	-1.09 (1.5)	-2.6 (1.8)	NR	NS	No difference	High
			Footnotes:										
Shiatsu vs 'o	other'			1	1	1							
			Perceived Stress	baseline, end of treatment (3 months)	Visual analogue scale	mean [SEM] change from baseline	15/30	-1.93 (0.7)	-1.97 (0.05)	NR	NS	No difference	High
			Perceived tiredness	baseline, end of treatment (3 months)	Visual analogue scale	mean [SEM] change from baseline	15/30	-1.73 (0.6)	-1.53 (0.6)	NR	NS	No difference	High

Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
	<u>Changing</u>	Shiatiu vs Breathing	Perceived somatic symptoms	baseline, end of treatment (3 months)	4S-Q (0-180)	mean [SEM] change from baseline	15/30	-13.4 (8.5)	-21.0 (5.5)	NR	NS	No difference	High
Lucini 2009	(>3 months)	guided relaxation training	Cardiovascular health	baseline, end of treatment (3 months)	Blood pressure, systolic (mmHg)	mean [SEM] change from baseline	15/30	-3.0 (2.7)	-8.09 (1.87)	NR	NS	No difference	High
			Cardiovascular health	baseline, end of treatment (3 months)	Blood pressure, diastolic (mmHg)	mean [SEM] change from baseline	15/30	-2.3 (2.4)	-8.9 (4.6)	NR	NS	No difference	High
			Cardiovascular health	baseline, end of treatment (3 months)	Heart rate (beats per min)	mean [SEM] change from baseline	15/30	-1.09 (1.5)	-3.2 (2.7)	NR	NS	No difference	High
			Footnotes:										
			Stress levels	End of each treatment (4 wks)	LSS	Higher is worse	30/38	50.4 (21.0)	45.5 (22.8)	NR	NR	NR	High
Kurebayshi	Symptoms of	Anma (and rest) vs Anma	Quality of life - Physical	End of each treatment (4 wks)	SF12-physical	Higher means better QoL	30/38	51.7 (5.8)	50.1 (6.1)	NR	NR	NR	High
2020	stress	and reiki	Quality of life - Mental	End of each treatment (4 wks)	SF12-mental	Higher means better QoL	30/38	44.5 (8.1)	47.4 (10.5)	NR	NR	NR	High
			Footnotes:	[1] P-value ava [2] 13 randomis	lable for compa sed participants	arison of 3 interver (10[I] and 3[C]) dr	ntions, but not opped out of th	reported betwe he study and we	en single interve re not included i	ntions. n the analy	sis.		

Abbreviations: 4S-Q; Subjective Stress-Related Somatic Symptoms Questionnaire; C, comparator; CI, confidence interval; I, intervention; MMSE, Mini Mental State Examination; NR, not reported; SD, standard deviation; SSL, vasconcellos Stress Symptoms List; wks, weeks

RCT RESUL	TS (as reported	by the study au	thors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
Shiatsu vs s	sham												
No studies f	ound												
Shiatsu vs o	control												
		Acupoint	Anxiety	End of treatment (12 wks)	Exon emotional stability scale (30-items)	Higher is worse	30/30	16.55 (3.06)	19.25 (3.14)	NR	NR	Not reported	High risk
Yue 2016	Insomnia (chronic)	massage (+ Tai Chi) vs no	HRQoL	End of treatment (12 wks)	GQ-OLI-74	higher score means better Ool	30/30	70.07 (4.50)	66.31 (4.75)	NR	NR	Not reported	High risk
		Tai Chi)	Sleep quality- global	End of treatment (12 wks)	SPIEGEL sleep scale	Higher score means worse sleep quality	30/30	10.74 (1.92)	14.86 (2.67)	NR	NR	Not reported	High risk
			Footnotes:	Clinical efficac	y and cure rate l	nave not been da	ta extracted						
Shiatsu vs '	other'												
			Sleep quality- global	End of treatment (4 wks)	Pittsburg sleep quality index (0-21)	Higher score means worse sleep quality	30/32	6.67 (3.76)	9.06 (3.23)	-4.01 (- 5.62, -2.41)	<0.0001	Favours intervention	Some concerns
		Acupressure massage vs diffusor with	Physical wellbeing [1]	End of treatment (4 wks)	SF-36 - PCS (0- 100) [1]	higher score means better QoL	30/32	336.97 (82.93)	322.31 (73.11)	NR	NR	Not reported	Some concerns
		water (placebo)	Emotional wellbeing	End of treatment (4 wks)	SF-36 - MCS (0- 100) [1]	higher score means better QoL	30/32	317.96 (87.58)	289.43 (90.78)	NR	NR	Not reported	Some concerns
			HRQoL	End of treatment (4 wks)	SF-36 total score (0-100) [1]	higher score means better QoL	30/32	654.92 (166.56)	611.74 (156.74)	NR	NR	Not reported	Some concerns
			Sleep quality- global	End of treatment (4 wks)	Pittsburg sleep quality index (0-21)	Higher score means worse sleep quality	30/33	6.67 (3.76)	5.39 (1.85)	0.30 (-1.47, 2.09)	0.73	No difference	Some concerns
		Acupressure massage vs	Physical wellbeing	End of treatment (4 wks)	SF-36 - PCS (0- 100) [1]	higher score means better QoL	30/33	336.97 (82.47)	381.64 (61.52)	NR	NR	Not reported	Some concerns

RCT RESUL	TS (as reported	by the study at	uthors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
Kao 2017	Sleep problems	Blended essential oil	Emotional wellbeing	End of treatment (4 wks)	SF-36 - MCS (0- 100) [1]	higher score means better QoL	30/33	317.96 (87.58)	359.00 (65.77)	NR	NR	Not reported	Some concerns
			HRQoL	end of surgery	SF-36 total score (0-100) [1]	higher score means better QoL	49/49	654.92 (166.56)	740.64 (120.52)	NR	NR	Not reported	Some concerns
			Sleep quality- global	End of treatment (4 wks)	Pittsburg sleep quality index (0-21)	Higher score means worse sleep quality	30/31	6.67 (3.76)	6.61 (2.40)	-2.33 (- 4.03, - 0.63)	<0.01	Favours intervention	Some concerns
		Acupressure	Physical wellbeing	End of treatment (4 wks)	SF-36 - PCS (0- 100) [1]	higher score means better QoL	30/31	336.97 (82.93)	358.03 (70.66)	NR	NR	Not reported	Some concerns
		massage vs Lavender essential oil	Emotional wellbeing	End of treatment (4 wks)	SF-36 - MCS (0- 100) [1]	higher score means better QoL	30/31	317.96 (87.58)	333.39 (74.77)	NR	NR	Not reported	Some concerns
			HRQoL	End of treatment (4 wks)	SF-36 total score (0-100) [1]	higher score means better QoL	30/31	654.92 (166.56)	691.42 (137.10)	NR	NR	Not reported	Some concerns
			Footnotes:	[1] reported nu of the individu	mbers do not m al domain score	atch the expecte s (max score 800	ed 0-100 range)) or could have	. It is assumed so the decimal poi	ores have not be int misplaced (m	een standar nax score 10	dised to 10 00)	0, rather are a s	summation
			Anxiety	End of treatment (12 wks)	Exon emotional stability scale (30-items)	Higher is worse	30/30	20.17 (3.48)	19.25 (3.14)	NR	NR	Not reported	High risk
Yue 2016	Insomnia (chronic)	Acupoint massage vs Tai Chi	HRQoL	End of treatment (12 wks)	GQ-OLI-74	higher score means better QoL	30/30	63.05 (4.25)	66.31 (4.75)	NR	NR	Not reported	High risk
			Sleep quality- global	End of treatment (12 wks)	SPIEGEL sleep scale	Higher score means worse sleep quality	30/30	15.40 (2.93)	14.86 (2.67)	NR	NR	Not reported	High risk
			Footnotes:	Clinical efficac	y and cure rate I	nave not been da	ta extracted						

RCT RESULT	S (as reported l	by the study au	thors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB

Abbreviations: GQ-OLI-74, Life quality asessment questionnaire; HRQoL, health related quality of life; MCS, mental component score; NR, not reported; PCS, physical component score; wks, weeks

RCT RESUL	FS (as reported	by the study au	thors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
Shiatsu vs s	ham	-											
No studies f	ound												
Shiatsu vs c	ontrol												
			Clinical efficacy	Baseline, end of treatment (12 wks)	Headache frequency on- treatment/pre- treatment	% with more than 50% reduction in frequency	11/13	6/11 (55%)	8/13 (62%)	NR	NR	Not reported	Some concerns
	Headache	Shiatsu vs no	Clinical efficacy	Baseline, follow-up (16 wks)	Headache frequency on- treatment/pre- treatment	% with more than 50% reduction in frequency	11/13	5/11 (45%)	6/13 (46%)	NR	NR	Not reported	Some concerns
Villani 2017	primary (refractory)	(as adjunct to amitriptyline)	Headache frequency	End of treatment (12 wks)	Daily diary	Number of days with headache per month	11/13	8.1 (6.2)	7.6 (5.8)	NR	NR	Not reported	Some concerns
			Pain	End of treatment (12 wks)	Visual analogue scale (0-10)	Higher means more pain	11/13	6.0 (1.8)	6.2 (1.3)	NR	NR	Not reported	Some concerns
			Number of pain killers per month	End of treatment (12 wks)	Daily diary	Higher means more pain	11/13	6.4 (5.8)	6.8 (5.8)	NR	NR	Not reported	Some concerns
			Footnotes:			1		1	1				
		Acupoint	Food intake	End of treatment (4 wks)	Score of Fujishima Ichiro Food intake levels scale (FILS)	higher score means better outcome	20/20	7.69 (0.64)	6.33 (0.76)	NR	<0.05	Favours intervention	Some concerns
Tian 2020	Stroke recovery	electrical stimulation vs electrical stimulation	Swallowing muscle function, duration	End of treatment (4 wks)	Surface electromyogra phy (SEMG) (seconds)	higher score means worse outcome	20/20	3.172 (0.337)	3.530 (0.347)	NR	<0.05	Favours intervention	Some concerns

RCTRESUL	IS (as reported	a by the study a	utnors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
		alone (as an	Swallowing										
		adjunct to	muscle	End of		higher score						_	C
		usual care)	function,	treatment (4	SEMG (mV)	means worse	20/20	0.407 (0.042)	0.332 (0.021)	NR	<0.05	Favours	Some
			maximal	wks)		outcome						Intervention	concerns
			amplitude										
			Footnotes:	[1] Clinical effic	cacy/total effecti	ve rate (%) was al	so reported in	the study but no	ot data extracted	ł.			
Shiatsu vs '	other'												
			Clinical efficacy	Baseline, end of treatment (12 wks)	Headache frequency on- treatment/pre- treatment	% with more than 50% reduction in frequency	13/13	9/13 (69%)	8/13 (62%)	NR	NR	Not reported	Some concerns
	Headache		Clinical efficacy	Baseline, follow-up (16 wks)	Headache frequency on- treatment/pre- treatment	% with more than 50% - reduction in frequency	13/13	7/13 (54%)	6/13 (46%)	NR	NR	Not reported	Some concerns
Villani 2017	disorders, primary (refractory)	sniatsu vs amitriptyline	Headache frequency	end of surgery	Daily diary	Number of days with headache per month	49/49	4.6 (3.5)	7.6 (5.8)	NR	NR	Not reported	Some concerns
			Pain	End of treatment (12 wks)	Visual analogue scale (0-10)	Higher means more pain	13/13	5.3 (2.3)	6.2 (1.3)	NR	NR	Not reported	Some concerns
			Oxygen saturation	End of treatment (12 wks)	Daily diary	Higher means more pain	13/13	2.4 (1.7)	6.8 (5.8)	NR	NR	Not reported	Some concerns
			Footnotes:								1		
				End of	Score of	Higher score						No	Some
			Food intake	treatment	Fujishima	means better	20/20	6.25 (0.52)	6.33 (0.76)	NR	>0.05	difference	concerns
				(4wks)	Ichiro FILS	outcome							

RCT RESUL	TS (as reported	by the study au	thors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
Tian 2020	Stroke	Acupoint massage vs electrical	Swallowing muscle function, duration	End of treatment (4wks)	SEMG	Higher score means worse outcome	20/20	3.527 (0.313)	3.530 (0.347)	NR	>0.05	No difference	Some concerns
	recovery	stimulation (as an adjunct to usual care)	Swallowing muscle function, maximal amplitude	End of treatment (4wks)	SEMG	Higher score means better outcome	20/20	0.362 (0.053)	0.332 (0.021)	NR	>0.05	No difference	Some concerns
			Footnotes:	[1] Clinical effic	cacy/total effecti	ve rate (%) was al	so reported in t	the study but no	t data extracted	•			

Abbreviations: FILS, food intake levels scale; NR, not reported; SEMG, surface electromyography; VAS, visual analogue scale; wks, weeks

RCT RESUL	TS (as reported	by the study au	uthors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
Shiatsu vs	sham												
No studies	ound												
Shiatsu vs	control									_		_	
		Acupoint massage v no intervention (as adjunct to routine	Sleep quality	End of treatment (3 months)	PSQI-total score (7-items)	higher score means worse sleep quality	34/34	7.35 (1.47)	8.85 (1.10)	NR	0.000	Favours intervention	Some concerns
Lei 2015	Hypertension	psychological health guidance and sleep knowledge education)	Cognitive function	End of treatment (3 months)	Mini-mental state exam (30- items)	higher means better cognitive functioning	34/34	26.78 (2.02)	24.67 (2.52)	NR	0.000	Favours intervention	Some concerns
			Footnotes:										
Shiatsu vs	other'												
No studies	ound												

Abbreviations: C, comparator; CI, confidence interval; I, intervention; NR, not reported; PSQI, Pittsburgh Sleep Quality Index; wks, weeks

RCT RESUL	TS (as reported	by the study au	thors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
Shiatsu vs s	sham			_									
No studies f	ound												
Shiatsu vs o	control												
			Defecation frequency	End of treatment (12wks)	Bristol classification of faeces (0-3)	higher means more severe problems	50/51	0.81 (0.68)	1.23 (1.10)	NR	NR	Not reported	Some concerns
			Defecation inactivity	End of treatment (12wks)	Bristol classification of faeces (0-3)	higher means more severe problems	50/51	0.87 (0.73)	1.27 (0.82)	NR	NR	Not reported	Some concerns
	Functional	Acupoint	Defecation strain	End of treatment (12wks)	Bristol classification of faeces (0-3)	higher means more severe problems	50/51	0.98 (0.86)	1.42 (1.15)	NR	NR	Not reported	Some concerns
Chen 2021	constipation (chronic)	massage vs no intervention	Abdominal distension	End of treatment (12wks)	Bristol classification of faeces (0-3)	higher means more severe problems	50/51	0.59 (0.43)	0.79 (0.48)	NR	NR	Not reported	Some concerns
			Defecation time	End of treatment (12wks)	Bristol classification of faeces (0-3)	higher means more severe problems	50/51	1 (0.98)	1.43 (1.06)	NR	NR	Not reported	Some concerns
			Quality of life	End of treatment (12wks)	PAC-QOL	higher means worse QoL	50/51	70.69 (16.73)	81.64 (14.68)	NR	NR	No difference	Some concerns
			Footnotes:										
			Symptom severity	Daily (10 days)	total NANDA-I score (range 0- 56)	higher means more severe problems	28/30	NR	NR	NR		Favours intervention	High
Ho 2020	Functional constipation	Acupoint + massage vs no intervention	Defecation frequency	Daily (10 days)	NANDA-I subscale	higher means more severe problems	28/30	NR	NR	NR		Favours intervention	High

RCT RESU	LTS (as reported	by the study a	uthors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
	(chronic)	(laxatives as adjunct)	Stool nature	Daily (10 days)	NANDA-I subscale	higher means more severe problems	28/30	NR	NR	NR		Favours intervention	High
			Footnotes:	other assessed	d variables (cons	istency, firmness	, nature and ov	erall symptoms)	not reported.				
Shiatsu vs	'other'												
			Symptom severity - overall	Daily (10 days)	total NANDA-I score (range 0- 56)	higher means more severe problems	28/32	NR	NR	NR	NR	No difference	High
Ho 2020	Functional constipation	Acupoint + massage vs massage	Defecation frequency	Daily (10 days)	NANDA-I subscale	higher means more severe problems	28/32	NR	NR	NR	NR	No difference	High
	(chronic)	(laxatives as adjunct)	Stool nature	Daily (10 days)	NANDA-I subscale	higher means more severe problems	28/32	NR	NR	NR	NR	No difference	High
			Footnotes:	other assessed	d variables (cons	istency, firmness	, nature and ov	erall symptoms)	not reported.				
Abbreviatio	ons: C, comparat	or; CI, confidence	e interval; I, inte	rvention; NR, not	reported; PAC-	QOL, patient asse	essment of con	stipation-quality	/ of life; SD, stand	dard deviatio	on; wks, we	eks	

RCT RESULT	'S (as reported	by the study au	thors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
Shiatsu vs sl	ham							1	1				
No studies fo	ound												
Shiatsu vs c	ontrol												
			Disability	End of treatment (4 wks)	RMDQ	Mean change from baseline	30/29	2.0 (3.2)	1.7 (3.3)	NR	0.54	No difference	Some concerns
			Pain - total score	End of treatment (4 wks)	MPQ-SF, total score	Mean change from baseline	30/29	3.9 (4.2)	2.3 (4.2)	NR	0.16	No difference	Some concerns
		Shiatsu vs no	Pain - VAS	End of treatment (4 wks)	SF-MPQ - subscale	Mean change from baseline	30/29	1.0 (1.8)	0.7 (2.1)	NR	0.87	No difference	Some concerns
Kobayashi 2019	Chronic lower back pain	intervention (as an adjunct to pain relief)	Present pain intensity	End of treatment (4 wks)	SF-MPQ - subscale	Mean change from baseline	30/29	0.4 (0.8)	0.3 (0.8)	NR	0.61	No difference	Some concerns
			Disability	End of treatment (4 wks)	Oswestry Disability Index (ODI)	Mean change from baseline	30/29	2.4 (4.5)	1.2 (4.6)	NR	0.28	No difference	Some concerns
			Quality of life	End of treatment (4 wks)	EQ-5D	Mean change from baseline	30/29	0.076 (0.123)	0.018 (0.086)	NR	0.08	No difference	Some concerns
			Footnotes:	Per-protocol a	nalvsis results av	/ailable but not e	xtracted. Thev	did not substant	tially differ from t	the ITT resu	lts.		
Chiatau ya la	alb avi			· ·					5				
	Muscle and	Shiatsu	Pain	immediately after treatment	VAS (0-100)	Higher is worse*	9/6	25.8 (5.8) (13.1,38.6)	46.7 (5.2) (35.4, 57.9)	20	0.0005	Favours intervention	Some concerns
2010	shoulder stifness	(Anma) vs rest on a massage table	Anxiety	immediately after treatment	State Trait Anxiety Inventory	Higher is worse*	9/6	28 (1.7) (24.8, 31.7)	32.7 (1.7) (29.3, 36.1)	F=4.1	0.053	No difference	Some concerns
			Footnotes:	* Data reporte	d as mean (SE) (95% CI)							
			Physical function	End of each treatment (2 wks)	SF-36-physical function	higher is better							High

RCT RESULT	S (as reported	by the study au	uthors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
				End of each	SF-36 - role-								
			Role-physical	treatment (2	physical	higher is better							High
				wks)	subscale								
			Pain	End of each treatment (2 wks)	SF-36 - bodily pain subscale	higher is better							High
			Health perception	End of each treatment (2 wks)	SF-36 - general health perceptions	higher is better							High
Faull 2005	Fibromyalgia	Watsu vs Aix massage	Role- emotional	End of each treatment (2 wks)	SF-36 - role- emotional subscale	higher is better							High
			mental health	End of each treatment (2 wks)	SF-36 - mental health subscale	higher is better							High
			Social functioning	End of each treatment (2 wks)	SF-36 - social functioning subscale	higher is better							High
			Vitality	End of each treatment (2 wks)	SF-36 - Vitality subscale	higher is better							High
			Footnotes:	[1] Outcomes r included in the	not able to be ex e analysis.	tracted because	of cross-over d	lesign. All particij	oants regardless	if they had	Watsu befo	ore or after Aix	were
			Pain intensity	End of treatment (8 wks)	VAS (score 0- 10)	Higher means worse pain	17/17	-1.8 (-3.7 to -0.1)	0.4 (-0.2 to 1.6)	NR	NR	Favours intervention	High
			Pain pressure threshold	End of treatment (8 wks)	Dolorimetry (kg/cm2)	Higher means better pain pressure threshold	17/17	0.2 (0.0 to 0.8)	-0.3 (-0.4 to - 0.1)	NR	NR	Favours intervention	High

RCT RESUL	TS (as reported	by the study a	uthors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
		Shiatsu vs	State Anxiety	End of treatment (8 wks)	State Anxiety Inventory (score 20-80)	Higher means worse state anxiety	17/17	-5.9 (10.0)	-3.4 (9.9)	NR	NR	No difference	High
Yuan 2013	Fibromyalgia	Stretching plus Education	Trait Anxiety	End of treatment (8 wks)	Trait Anxiety Inventory (score 20-80)	Higher means worse trait anxiety	17/17	-4.8 (10.8)	2.5 (9.6)	NR	NR	Favours intervention	High
			Sleep quality	End of treatment (8 wks)	Pittsburgh Sleep Quality Index (0-21)	Higher means worse sleep quality	17/17	-3.0 (-6.0 to - 1.8)	2.0 (-1.3 to 3.0)	NR	NR	Favours intervention	High
			Symptom impact / disability	End of treatment (8 wks)	FIQ (score 0- 100)	Higher means greater impact on health	17/17	-16.0 (-29.3 to - 7.0)	-3.0 (-5.3 to 6.5)	NR	NR	Favours intervention	High
			Footnotes:										

Abbreviations: C, comparison; Cl, confidence interval; I, intervention; FlQ, Fibromyalgia Impact Questionnaire; NR, not reported; MPQ-SF, Short-Form McGill Pain Questionnaire; RMDQ, Roland-Morris Disability Questionnaire; SF-36, 36 item-short form survey; VAS, visual analogue scale; wks, weeks

RCT RESUL	TS (as reported l	by the study au	uthors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
Shiatsu vs	sham												
No studies f	ound												
Shiatsu vs	control												
			Pain severity	Immediately after (1st menstrual cycle)*	VAS	Higher score means more severe pain	46/36	1.41 (0.88)	2.2 (0.66)	F=23.9	0.001	Favours intervention	Some concerns
Soliman 2017	Primary Dysmenorrhea	Shiatsu vs usual care (health	Pain severity	Immediately after (2nd menstrual cycle)*	VAS	Higher score means more severe pain	46/36	1.6 (0.93)	2.3 (0.65)	F=12.6	0.001	Favours intervention	Some concerns
		education)	Symptom severity score	Post- intervention score**	VAS?	Higher is worse	46/36	4.5 (3.9)	14.25 (7.9)	T= - 7.29	0.0001	Favours intervention	Some concerns
			Footnotes:	*At 1, 2 and 3 h ** mean score	ours after inteve (presumably ac	ention at first and ross timepoints?)	second menst	tural cycle has b	een reported by	authors but	not data e	xtracted.	
Shiatsu vs '	other'	-		-									
No studies f	ound												

RCT RESUL	TS (as reported	by the study au	uthors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
Shiatsu vs	sham	-											
No studies f	found												
Shiatsu vs	control												
			Percevied stress	Baseline, followup (day 8)	Percevied stress scale (10- items)	positive mean change is worse	9/8	-2.1(2.2)	0.9 (3.2)	NR	0.036	Favours intervention	Serious
			Physical component	Baseline, followup (day 8)	SF-36 - physical component score (0-100)	positive mean change is better	9/8	-1.6 (6.6)	0.2 (6.4)	NR	0.5	No difference	Serious
Schitter 2015	Pregnancy, prenatal	Watsu v no intervention (control)	Mental component	Baseline, followup (day 8)	SF-36 - mental component score (0-100)	positive mean change is better	9/8	3.3 (4.0)	3.1 (3.6)	NR	0.923	No difference	Serious
		(control)	Pain	before/after intervention (day 4)*	Visual analogue scale (0-10)	positive mean change is worse	9/8	-11 (11)	3 (10)	NR	0.72	Favours intervention	Serious
			Perceived Stress	before/after intervention (day 4)*	Visual analogue scale (0-10)	positive mean change is worse	9/8	-14 (14)	1 (12)	NR	0.021	Favours intervention	Serious
			Footnotes:	* data are mea end of treatme	an change before ent scores (as pe	e/after applicatior er protocol) or mea	n of the interve an change fori	ention on same o m baseline score	lay. This is not in s.	cluded in th	ie evidence	synthesis as it	: is neither
			Birth experience	within 24-hrs of treatment	Spontaneous initiation of labour	proportion (%) with	144/144	82 (56.9%)	12 (8.3%)	NR	NR	Favours intervention	Some concerns
_	Post-term	Shiatsu v no	Birth experience	within 24-hrs of treatment	Mean labour initiation period*	duration (hrs)	144/144	25.5	9.9	NR	NR	Favours intervention	Some concerns
Teimoori 2014	pregnancy induction	intervention (contol)	Birth experience	within 24-hrs of treatment	Mean duration of labour *	duration (hrs)	144/144	15.4	13.2	NR	>0.05	No difference	Some concerns

RCT RESUL	IS (as reported	by the study au	uthors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
			Fetal health	within 24-hrs of treatment	Fetal distress	proportion (%) with	144/144	5 (3.9%)	66 (50.8%)	NR	NR	Favours intervention	Some concerns
			Footnotes:	*authors do no	ot report standa	rd errors, standard	d deviations or	other data.					
			Frequency of milk expression	6 hours post delivery, the every 24 hours for 7 days	Milk expression diary	Number of times per day	33	6.74 (0.77)	6.95 (0.90)	NR	0.482	No difference	Some concerns
Sheng 2021	Postpartum care (preterm infant mothers)	Breast massage and acupoint simulation v no	Duration of milk expression	6 hours post delivery, the every 24 hours for 7 days	Milk expression diary	Mean total minutes per day	33	161.04 (17.56)	170.96 (16.35)	NR	0.762	No difference	Some concerns
	monersy	intervention (control)	Total days of milk expression	6 hours post delivery, the every 24 hours for 7 days	Milk expression diary	Mean total number of days	33	43.75 (11.50)	42.65 (8.86)	NR	0.761	No difference	Some concerns
			Footnotes:	total days of m	nilk exporession	, volume of milk e	expressed in on	e week and inia	tion time of lacto	ogensis stag	e II outcom	nes also availat	ole
Shiatsu vs 'o	other'			1									

No studies found

RCT RESUL	TS (as reported	by the study au	thors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
Shiatsu vs s	ham												
No studies f	ound		-				-						
Shiatsu vs c	ontrol												
			Pain [1]	After intervention	VAS	higher means worse pain	30/30 [3]	NR	NR	NR	0.001	Favours intervention	High
Ardabili 2014	Burn patients	Shiatsu (hand and legs OR hand only OR	Anixety [2]	After intervention	Burn Specific Pain Anxiety Scale	higher means worse pain	30/30 [3]	55.02 (7.09)	80.50 (6.75)	NR	NR	Favours intervention	High
		leg only) vs no intervention	Footnotes:	[1] Box and wh was higher at [2] Data availa [3] The study e	iisker plots publi baseline than in ble for hand shia enrolled 120 patie	shed for Shiatsu the shiatsu mass atsu vs no interve ents into 4 group:	(hand and legs sage groups. ntion only. Anx s. The authors a	OR hand only C iety was higher are not clear on t	R leg only) vs no at baseline in the the number of p	o interventio e shiatsu ma atients enro	n. Pain inte assage gro Illed in eacl	ensity in the co up. n group.	ntrol group
Shiatsu vs 'o	other'												
No studies f	ound												

RCT RESUL	TS (as reported	by the study au	ithors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
Shiatsu vs	sham											1	
No studies f	ound												
Shiatsu vs o	control									_			
		Acupoint massage vs no	Bowel recovery	Time till return of bowel sounds	Return of bowel sounds via auscultation	faster is better	80/80	11.01 (3.25)	18.01 (4.22)	NR	0.001	Favours intervention	Some concerns
Ruan 2021	Recovery after minimally invasive surgery	intervention (as adjunct to standard post operative	Bowel recovery	Time till defecation following surgery	Time elapsed between first and last defecation	faster is better	80/80	34.01 (7.59)	45.96 (7.80)	NR	0.001	Favours intervention	Some concerns
		nursing care)	Footnotes:	[1] Overall patie cholecystokini	ent response rat n) outcome dat	e (% of patients s a also available	howing recove	ery) data availabl	e; Plasma bioma	irker (serum	n motilin, se	rum somatost	atin, serum.
			Pulmonary function	Day 30 (postop)	Maximal Ventilatory Volume (MVV)	Higher is better	200/198	85.67 (7.88)	86.92 (8.24)	NR	>0.05	No difference	Some concerns
		A sum sint	Pulmonary function	Day 1 (postop)	Oxygen saturation (SpO2)	Higher is better	200/198	92.07 (3.31)	92.78 (3.1)	NR	>0.06	No difference	Some concerns
	Recovery after	Acupoint stimulation vs no	Pulmonary function	Day 30 (postop)	Oxygen saturation (SpO2)	Higher is better	200/198	97.56 (3.65)	97.01 (3.89)	NR	>0.06	No difference	Some concerns
Sui 2019	minimally invasive surgery	intervention (as adjunct to standard post	Clinical markers	total postoperative	Chest tube drainage volume (mL)	Higher is worse	200/198	259.96 (176.62)	266.75 (175.12)	NR	> 0.05	No difference	Some concerns
		operative nursing care)	Clinical markers	total postoperative	Chest tube drainage time (days)	Higher is worse	200/198	3.03 (1.10)	3.69 (0.68)	NR	< 0.01	Favours intervention	Some concerns
			Resource use	total postoperative	Length of stay (days)	Higher is worse	200/198	5.29 (1.39)	6.48 (1.29)	NR	< 0.05	Favours intervention	Some concerns

RCT RESULT	TS (as reported	by the study au	ithors)										
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB
			Footnotes:	[1] Pulmonary function - stat	function measu	red 30 minutes a e for MVV% & SpC	fter acupoint s)2 on day 5 usg	timulation. Data Igesting faster re	also available fo ecovery.	r post opera	itive day 1, 3	3 & 5 for pulmo	pnary
		Acupoint massage vs no intervention	Pain (no pain)	24 hr post operation	Visual analog scale (n)	0- no pain; 1- 3=mild; 4- 6=moderate; >6=severe	46/46	Absent=41 Mild=4 Mod=1 Severe=0	Absent=31 Mild=5 Mod=6 Severe=4	NR	<0.05	Favours intervention	High
Xia 2014	Post operative pain	(as adjunct to standard post operative	Post operative pain	24 hr post operation	Analgesic use (n)	higher score means worse pain	46/46	1	7	NR	<0.05	Favours intervention	High
		nursing care)	Footnotes:	[1] Authors dic	chotomised the r	esults reporting	n with absent,	mild, moderate o	or severe pain. R	esults unabl	e to be cor	overted to mea	an (SD).
			Arterial blood gas	end of surgery	pH value		49/49	7.40 (0.05)	7.45 (0.08)	NR	< 0.05	Favours intervention	Some concerns
			Arterial blood gas	end of surgery	CO2 pressure		49/49	43.3 (1.9)	41.1(1.4)	NR	<0.05	Favours intervention	Some concerns
		Acupoint massage (with acupoint	Oxygen saturation	end of surgery	Sp02		49/49	97.4 (1.0)	95.2 (0.7)	NR	< 0.05	Favours intervention	Some concerns
Zhenqing 2019	Recovery after minimally invasive	application) vs no intervention	Postoperative complication	Frequency over 6 days	Nausea and vomiting		49/49	11	24	NR	< 0.05	Favours intervention	Some concerns
	surgery	(as adjunct to standard post	Postoperative complication	Frequency over 6 days	Postoperative pain		49/49	7	23	NR	<0.05	Favours intervention	Some concerns
		nursing care)	Postoperative complication	Frequency over 6 days	Hypercapnia		49/49	6	13	NR	< 0.05	Favours intervention	Some concerns
			Postoperative complication	Frequency over 6 days	Deep venous thrombosis		49/49	5	11	NR	< 0.05	Favours intervention	Some concerns

RCT RESULTS (as reported by the study authors)														
Study ID	Condition	Comparison	Outcome	Timing	Outcome measure	measure details	# participants (I/C)	[intervention] n/N (%) or mean (SD)	[comparator] n/N (%) or mean (SD)	Point estimate (95% CI)	p -value	direction of effect	RoB	
			Footnotes:]] Post operative complications reported as total number of times.										
Shiatsu vs 'o	hiatsu vs 'other'													

No studies found