Table S1. Effect of acupuncture on gastroparesis

Year	Type of	RCTs	Sample	Statistic value	Conclusion	Reference
	gastroparesis		size			
2013	diabetic	14	948	P<0.00001	Acupuncture had a higher response rate and a more effective on improving dyspeptic	24206922
	gastroparesis				symptoms including nausea, vomiting, loss of appetite, and bloating, but not gastric emptying.	
2014	postoperative	7	370	P<0.0001	Acupuncture and acupuncture combined with medication showed significant higher total	25146082
2014	gastroparesis				effective rate than control (usual care/medication)	
	gastroparesis	32	2601	RR 1.22; 95%CI	Acupuncture might have potential to improve the symptoms of gastroparesis, but the certain	30560568
2018				1.16 to 1.28,		
				I ² =0%	evidence was very low.	

Table S2. Effect of acupuncture on postoperative ileus

Year	Type of	RCTs	Sample	Statistic value	Conclusion	Reference
	gastroparesis		size			
					The effects of acupuncture on different cancer-related aspects were shown, including	
2014	cancer patients	33	/	/	postoperative urinary retention, quality of life, vasomotor syndrome, postoperative	24338183
					gastrointestinal dysfunction, prevention of prolonged postoperative ileus.	
					Compared with control groups, acupuncture was associated with shorter time to first flatus and	
2017	POI	10	776	P<0.05	time to first defecation. A subgroup analysis revealed that manual acupuncture was more	29422935
2017					effective on the time to first flatus and the time to first defecation; electroacupuncture was	
					better in reducing the length of hospital stay.	
2018	POI	22	1628	P<0.05	Acupuncture might have potential to reduce improve recovery of gastrointestinal function.	30151019
					Meta-analysis results favored acupuncture treatment for POI by analysis of time to first	
2019	POI	15	965	P<0.05	flatus, time to first defecation, time to bowel sound recovery, time to first oral feeding and	31494334
					length of hospital stay.	

Table S3. Effect of acupuncture on irritable bowel syndrome

Year	Type of gastroparesis	RCTs	Sample size	Statistic value	Conclusion	Reference
				RR 1.28; 95%CI	Sham-controlled RCTs have found no benefits of acupuncture relative to a credible sham	
2012	IBS	17	1806	1.12 to 1.45	acupuncture control on IBS symptom severity or IBS-related quality of life. However, patients	22488079
				1.12 10 11 10	reported greater benefits from acupuncture than from pharmacological therapies.	
				RR 1.28; 95%CI	Eighty-four per cent of patients in the acupuncture group had improvement in symptom	
2012	IBS	5	449	1.12 to 1.45	severity compared to 63% of patients in the pharmacological treatment group (RR 1.28, 95%	22592702
				1.12 W 1.7J	CI 1.12 to 1.45; 5 studies, 449 patients).	
2014	IBS	6	664	P=0.001	Acupuncture exhibits clinically and statistically significant control of IBS symptoms.	24587665
					(1) acupuncture combined with Chinese herbal medicine might result in more favorable	
					improvements compared with the control group; (2) the combined method could markedly	
2019	IBS-D	21	1834	P<0.05	enhance the clinical efficacy in the meantime of remarkably reducing the scores of	31110553
2017	IDS-D	21	1034	1 50.05	abdominal pain, abdominal distention/discomfort, diarrhea, diet condition, physical strength,	31110333
					and sleep quality compared with those in the matched groups treated with western medicine,	
					or western medicine combined with Chinese herbal medicine.	
					Acupuncture was more effective relative to western medicine in alleviating IBS symptoms,	
2019	IBS	41	3440	P=0.04	whose effect might last 3 months. However, no significant difference was found when	31814859
2019	шз	41	3440	1 -0.04	acupuncture was compared with sham acupuncture, in terms of effects on IBS symptoms and	31014039
					quality of life.	
2020	IBS-D and FD	31	3234	P<0.05	Acupuncture produced more significant effect than drug related to the total symptom score,	33299403

					IBS quality of life, recurrence rate, and IBS Symptom Severity Scale.	
2021			1509		Body-directed therapies (acupuncture and osteopathic medicine) showed a beneficial effect	
	IDC	11		D<0.05	compared with standard medical treatment for overall IBS symptoms at 6 months follow-up,	24700245
	IBS	11		P<0.05	while no study found any difference between body-directed and sham therapies for	34790245
					abdominal pain or overall IBS symptoms.	

Table S4. Effect of acupuncture on chronic functional constipation

Year	Type of	RCTs	Sample Stat	Statistic value	Conclusion	Reference
	gastroparesis		size			
	CFC	15	1256	/	Acupuncture for CFC was probably as effective as conventional medical therapy in the	23895148
2013					change of bowel movements. Meanwhile, acupuncture for CFC was safe and may improve	
					weekly spontaneous bowel movements, quality of life, and relevant symptoms.	
	CFC		/	P<0.05	compared with the medicine-treated group, EA significantly improved the frequency of	
2017		9			spontaneous gastrointestinal movements, total response rates and reductions in symptoms	28630049
					score, indicating that EA was more effective and safer than medication in CFC patients.	
	CFC	33	4324	P<0.05	Compared with placebo interventions, probiotic, and other non-pharmacological treatments,	30125427
2010					acupuncture had larger therapeutic effect on stool frequency, response rate, and had lower	
2019					rate of adverse events, providing some reasonable convincing evidences on acupuncture	
					relatively ranked the best in managing CFT.	
	severe CFC	6	6 1457	7 P<0.05	EA had favorable effects on CSFC, and the longer the treatment duration was, the better was	
2020					the effect, but the effect showed a certain period of validity. However, the results may be	22102757
2020					influenced by the clinical heterogeneity of acupuncture points, depth of needling, intensity,	33183657
					and frequency of EA.	