

table S1: Detailed characteristics of included trials (IBS-C).....	5
table S2: Detailed characteristics of included trials (IBS-D).....	9
figure S1: The flow diagram of the study selection process.....	10
figure S2: Acupoint catgut embedding (ACE) alone versus oral Western medicine (OWM) alone-1 for constipation -predominant irritable bowel syndrome (IBS-C).....	11
figure S3: Acupoint catgut embedding (ACE) alone versus oral Western medicine (OWM) alone-2 for constipation -predominant irritable bowel syndrome (IBS-C).....	12
figure S4: Acupoint catgut embedding (ACE) alone versus oral Western medicine (OWM) alone-1 for diarrhea-predominant irritable bowel syndrome (IBS-D).....	13
figure S5: Acupoint catgut embedding (ACE) alone versus oral Western medicine (OWM) alone-2 for diarrhea-predominant irritable bowel syndrome (IBS-D).....	14
figure S6: Acupoint catgut embedding (ACE) plus other acupoint-based therapy (ABT) versus oral Western medicine (OWM) alone for constipation -predominant irritable bowel syndrome (IBS-C)	15
figure S7: Acupoint catgut embedding (ACE) plus other acupoint-based therapy (ABT) versus oral Western medicine (OWM) alone for diarrhea-predominant irritable bowel syndrome (IBS-D).....	16
figure S8: Acupoint catgut embedding (ACE) plus oral traditional Chinese medicine (OTCM) versus oral Western medicine (OWM) alone for constipation -predominant irritable bowel syndrome (IBS-C)	17

figure S9: Acupoint catgut embedding (ACE) plus oral traditional Chinese medicine (OTCM) versus oral Western medicine (OWM) alone for diarrhea-predominant irritable bowel syndrome (IBS-D)..... 18

figure S10: Acupoint catgut embedding (ACE) plus oral traditional Chinese medicine (OTCM) versus OTCM alone for diarrhea-predominant irritable bowel syndrome (IBS-D) 19

figure S11: Acupoint catgut embedding (ACE) plus other acupoint-based therapy (ABT) versus other ABT alone for diarrhea-predominant irritable bowel syndrome (IBS-D)..... 20

figure S12: Acupoint catgut embedding (ACE) plus oral Western medicine (OWM) versus OWM alone for diarrhea-predominant irritable bowel syndrome (IBS-D)..... 21

Study	Age (E/C)	Duration (E/C)	Male (E/C)	Female (E/C)	Interventions (E/C)	Period of treatment (E/C)	Outcomes	Adverse events (E/C)
Liang 2010	20-70(mean=53.6)/22-68(mean=51.3)Y	0.5-8/0.5-8Y	10/8	20/17	ACE (qw) + Tai chi chuan/ Mosapride tablets (tid)	2M	1. Recovery rate; 2. Accumulative effective rate.	NR
Liu 2019	A*	B*	9/14	38/33	ACE (1 per 2W)/Calcium polycarbophil tablets (tid)	1M	1. Recovery rate; 2. Accumulative marked effective rate; 3. Accumulative effective rate; 4. Total symptom score; 5. Main symptom score; 6. Defecation frequency score; 7. Defecation difficulty score; 8. Fecal shape score; 9. Defecation time score; 10. Abdominal pain score; 11. Abdominal distention score; 12. Thirst score; 13. Palpitation and fatigue score; 14. Insomnia and dreaminess score; 15. Chest fullness score; 16. Belching and sighing score; 17. Sweating and shortness of breath score; 18. Inappetence score; 19. Fidgety and anxious score; 20. Total efficiency after one month.	N/N
Gao 2016	20-62(33.00±12.20)/22-65(35.00±11.79)Y	6-120(mean=50.23)/22-68(mean=54.77)M	14/12	19/21	ACE (qw) + auricular point sticking (tid)/ Mosapride ctrate capsules (tid)	4W	1. Recovery rate; 2. Accumulative effective rate; 3. Cleveland clinic score (total).	N/N
Chai 2019	(34.23±10.17)/(33.71±9.74)Y	1-10(2.90±0.67)/1-12(3.12±0.59)Y	12/14	23/21	ACE (1 per 15D) + Lactulose oral	60D	1. Recovery rate; 2. Accumulative marked effective rate; 3. Accumulative effective rate; 4. Clinical symptom score; 5. Irritable Bowel Syndrome Quality of Life (IBS-QOL) questionnaire score.	NR

					liquid (tid)/ Lactulose oral liquid (tid)			
Xu 2018	18-74(51.21±1.58)/18- 72(49.28±2.29)Y	(6M-11)/(6M- 10)Y	12/1 0	19/21	ACE (qw) + auricular point sticking / Mosapride ctrate capsules (tid)	2W	1. Recovery rate; 2. Accumulative effective rate; 3. Constipation related symptom score.	NR
Zou 2010	19-58(42±3)Y	8(M)-4Y	28	32	ACE (qw) + Shugan Daozhi Decoction (TCM, tid)/Itopride hydrochloride tablets (tid)	4W	1. Abdominal pain score; 2. Abdominal distention score; 3. Stool frequency score; 4. Stool character score; 5. Threshold of anorectum motor and sensory ability; 6. Recurrence rate (1 month).	NR
Hao 2013	16-58(mean=36.5)/21- 60(mean=40.1)Y	6(M)- 12(mean=3.8)/6(M)- 9(mean=4.1)Y	9/8	16/17	ACE (q.15.d) + Zhizhu granules (TCM, bid)/ Mosapride tablets (tid)	1M	1. Recovery rate; 2. Accumulative marked effective rate; 3. Accumulative effective rate.	N/N
Don g 2011	C*	NR	11/1 0	19/20	ACE (qw) + diet therapy /sham ACE (qw) + diet	6W	1. Somatization symptom score; 2. Obsession symptom score; 3. Interpersonal sensitivity score; 4. Depression score; 5. Anxiety score; 6. Hostility symptom score; 7. Terror symptom score; 8. Paranoia score; 9. Psychosis symptom score; 10. Score of other condition; 11. Clinical	N/N

					therapy		constipation symptom score.	
Jin 2014	18-65(mean=40.3)/20-63(mean=39.6)Y	6(M)-10(mean=3.2)/1-8(mean=3.4)Y	14/15	18/17	ACE (1 per 2W)/Domperidone tablets (tid)	4W	1. Recovery rate; 2. Accumulative marked effective rate; 3. Accumulative effective rate; 4. Abdominal distention score; 5. Abdominal pain score; 6. Defecation frequency score; 7. Defecation difficulty score; 8. Incomplete defecation score; 9. Total symptom score.	NR
Liang 2010	20-75(mean=52)/22-70(mean=54)Y	(0.5-7)Y	15/10	23/20	ACE (qw) + finger-pressing (qd)/ Mosapride citrate dispersible tablets (tid)	4W/5W	1. Recovery rate; 2. Accumulative marked effective rate; 3. Accumulative effective rate.	NR
Hao 2015	16-58(mean=34.5)/21-60(mean=40.1)Y	3(M)-12(mean=3.2)/6(M)-9(mean=4.1)Y	9/8	16/17	ACE (NR) + Zhizhu Decoction (TCM, bid)/ Mosapride capsule (tid)	*(1M)	1. Anorectal resting pressure; 2. Anorectal pressure during defecation simulation; 3. Rectal response to volume expansion stimulation.	NR
<p>Y: Yeay; M: Month; W: Week; D: Day; NR: Not reported; N: None; ACE: Acupoint catgut embedding; A*: 14 cases (18-40Y), 16 cases (41-60Y), 17 cases (61-85Y) in the experimental group, and 11 cases (18-40Y), 21 cases (41-60Y), 15 cases (61-85Y) in the control group; B*: 15 cases (12-18M), 16 cases (19-36M), 16 cases (>36M) in the experimental group, and 11 cases (12-18M), 21 cases (19-36M), 15 cases (>36M) in the control group; C*: 12 cases (18-35Y), 10 cases (36-55Y), 8 cases (56-65Y) in the experimental group, and 10 cases (18-35Y), 11 cases (36-55Y), 9 cases (56-65Y) in the control group.</p>								

table S1: Detailed characteristics of included trials (IBS-C)

Study	Age (E/C)	Duration (E/C)	Male (E/C)	Female (E/C)	Interventions (E/C)	Period of treatment (E/C)	Outcomes	Adverse events (E/C)
Chai 2018	25-65Y	1-22Y	58	70	ACE (qw)+ Fire needle therapy (1 per 3D)/Normal acupuncture (qd)	NR	1. Recovery rate; 2. Accumulative marked effective rate; 3. Accumulative effective rate.	NR
Deng 2017	21-63(42.56±1.7)Y	4(M)-2(0.85±0.14)Y	33	27	ACE (qw)+ Compound Zhixie Powder (TCM, bid)/ Trimebutine Maleate (tid)	8W	1. Recovery rate; 2. Accumulative marked effective rate; 3. Accumulative effective rate; 4. Total symptom score.	NR
Guo 2011	22-58(mean=38.5)/24-61(mean=39.6)Y	1-10(mean=7.5)/1.5-11(mean=7.9)Y	18/16	22/24	ACE (1 per 15D)+ Tongxie Yaofang Decoction (TCM, bid)/ Tongxie Yaofang Decoction TCM, (bid)	1M	1. Recovery rate; 2. Accumulative effective rate; 3. Recurrence rate (6 month).	NR
Hong 2011	19-65(42.7±9.5)/18-69(45.5±9)Y	0.9-15(5.2±0.85)/1.2-10.6(6.3±1.1)Y	16/13	14/17	ACE (1 pre 10D)/ Pividromide tablets (tid)	30D	1. Recovery rate; 2. Accumulative marked effective rate; 3. Accumulative effective rate; 4. Recurrence rate (3 month).	NR
Huang 2008	20-60(30.21±5.23)/20-62(32.21±4.26)Y	2-48(9.23±2.96)/4-50(8.32±2.51)M	10/12	30/28	ACE (1 pre 10D)/ Otibromide tablets (tid)	30D	1. Recovery rate; 2. Accumulative marked effective rate; 3. Accumulative effective rate; 4. Abdominal pain score; 5. Diarrhea score; 6. Defecation frequency score; 7. Mucinous stool score.	NR

Liu 2013	(37±8.12)/(35±8.66)Y	A*	13/12	17/17	ACE (qw)/ Tongxie Yaofang Decoction (TCM, qd)	6W	1. Recovery rate; 2. Accumulative marked effective rate; 3. Accumulative effective rate; 4. Total symptom score; 5. Diarrhea score; 6. Abdominal pain and distention score; 7. Tinnitus score; 8. Glomus and fullness score; 9. Inappetence score; 10. Languid score; 11. Fatigue score; 12. Thirst score; 13. Belching score; 14. Scanty yellowish urine score; 15. Fear of cold score; 16. Limp aching lumbus and knees score.	Y/N
Lu 2015	20-62(32.21±4.26)Y	1(M)-2(0.81±0.12)Y	31	49	ACE (qw)+ Shenling Baizhu Powdercombined with Tongxie Yaofang Decoction (TCM, bid)/ Trimebutine (tid)	8W	1. Accumulative marked effective rate; 2. Accumulative effective rate (and the two rates of six months and one year after treatment).	NR
Su 2008	18-70Y	6(M)-20Y	46	40	ACE (1 per 15D)+ Anchang Decoction (TCM, qd)/ Anchang Decoction (TCM, qd)	2-3M	1. Accumulative marked effective rate; 2. Accumulative effective rate;	NR
Su 2019	19-65(43.3±9.2)/18- 65(44±9.5)Y	0.5-10(3.6±1.1)/0.4- 8(3.1±0.9)M	17/15	23/25	ACE (NR)+ Moxibustion at the Governor vessel (qw)/ Pividromide tablets (tid)	4W	1. Recovery rate; 2. Accumulative marked effective rate; 3. Accumulative effective rate; 4. Abdominal pain score; 5. Abdominal distention score; 6. Score of incomplete defecation; 7. Defecation frequency score; 8. Stool consistency score; 9. IBS-QOL score.	N/N
Wang	(37.93±11.45)/(39.1±11.8)Y	(5.23±7.35)/(4.33±3.93)Y	25/25	35/35	ACE (qw)+ acupoint	4W	1. Accumulative marked effective rate; 2.	NR

2017					application (qod)/ acupoint application (qod)		Accumulative effective rate; 3. Abdominal distention score; 4. Abdominal pain score; 5. Diarrhea score.	
Yao 2012	B*	NR	17/20	13/10	ACE (qw)+ Trimebutine Maleate (tid)/ Trimebutine Maleate (tid)	2W	1. Recovery rate; 2. Accumulative marked effective rate; 3. Accumulative effective rate; 4. Total symptom score.	N/N
Ying 2009	mean=45Y	1(M)-6Y	36	15	ACE (NR)+ Aconite cake-partitioned moxibustion (NR)/ Montmorillonite powder (tid)+ Oryzanol (tid)+ Trimebutine Maleate (tid)	NR	1. Accumulative marked effective rate; 2. Accumulative effective rate;	NR
Zeng 2013 a	NR	NR	C*		ACE (qw)+ Buzhong Yiqi Decoction (bid)/ Buzhong Yiqi Decoction (bid)	6W	1. Recovery rate; 2. Accumulative marked effective rate; 3. Accumulative effective rate; 4. Abdominal pain score; 5. Abdominal distention score; 6. Defecation frequency score; 7. Mucinous stool score; 8. Recurrence rate (1 month); 9. Recurrence rate (3 month); 10. Recurrence rate (6 month).	NR
Zeng 2013 b			D*		ACE (qw)+ Buzhong Yiqi Decoction (bid)/ Montmorillonite powder (tid)			
Zeng 2013 c			E*		ACE (qw)/ Buzhong Yiqi Decoction (bid)			
Zeng 2013 d			F*		ACE (qw)/ Montmorillonite powder			

					(tid)			
Zeng 2013 e			G*		ACE (qw)/ ACE (qw)+ Buzhong Yiqi Decoction (bid)			
Zhao 2014	(41.43±11.24)/(40.77±11.13) Y	(14.43±5.67)/(14.8±6.49) M	12/13	18/17	ACE (1 per 3W)/ Peifeikang capsule (tid)+ Otibromide tablets (tid)	6W	1. Accumulative marked effective rate; 2. Accumulative effective rate; 3. Stool classification; 4. Total symptom score.	N/N
Zhao 2019	22-60(41.98±10.72)/20- 55(39.42±9.38)Y	1-9.5(3.82±1.84)/1.5- 10(3.79±1.84)Y	13/15	39/38	ACE (1 per 2W)+ Trimebutine Maleate (tid)+ Bifidobacterium triple viable enteric coated capsule (tid)/ Trimebutine Maleate (tid)+ Bifidobacterium triple viable enteric coated capsule (tid)	8W	1. Recovery rate; 2. Accumulative marked effective rate; 3. Accumulative effective rate; 4. Total symptom score; 5. Abdominal pain score; 6. Abdominal distention score; 7. Stool consistency score; 8. Total score of symptom severity; 9. Recurrence rate (3 month).	Y/N
<p>Y: Yeay; M: Month; W: Week; D: Day; NR: Not reported; N: None; ACE: Acupoint catgut embedding; A*: 4 cases (<0.5 year), 14 cases (0.5-3 years), 12 cases (>3 years) in the experimental group and 3 cases (<0.5 year), 16 cases (0.5-3 years) 10 cases (>3 years) in the control group; B*: 11 cases (18-29 years old), 9 cases (30-39 years old), 6 cases (40-49 years old), 4 cases (50-65 years old) in the experimental group and 11 cases (18-29 years old), 10 cases (30-39 years old), 5 cases (40-49 years old), 4 cases (50-65 years old) in the control group; C*: 20 cases in the experimental group and 20 cases in the control group; D*: 20 cases in the experimental group and 21 cases in the control group; E*: 20 cases in the experimental group and 20 cases in the control group; F*: 20 cases in the experimental group and 21 cases in the control group; G*:20 cases in the experimental group and 20 cases in the control group.</p>								

table S2: Detailed characteristics of included trials (IBS-D)

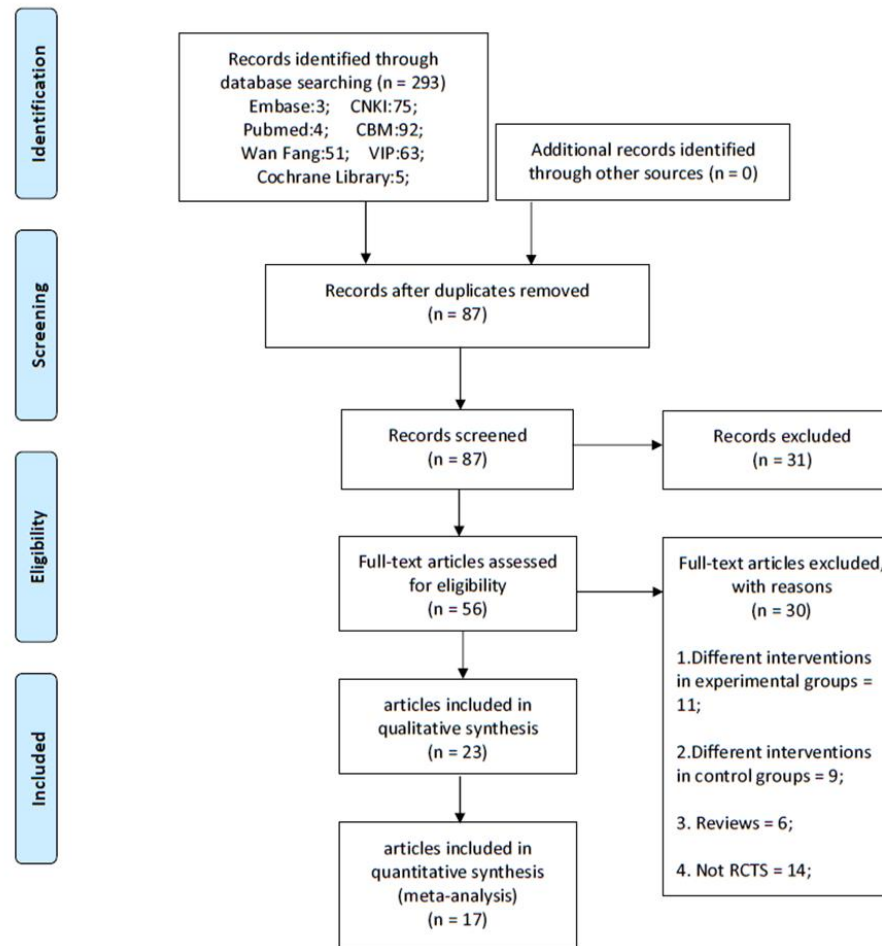


figure S1: The flow diagram of the study selection process

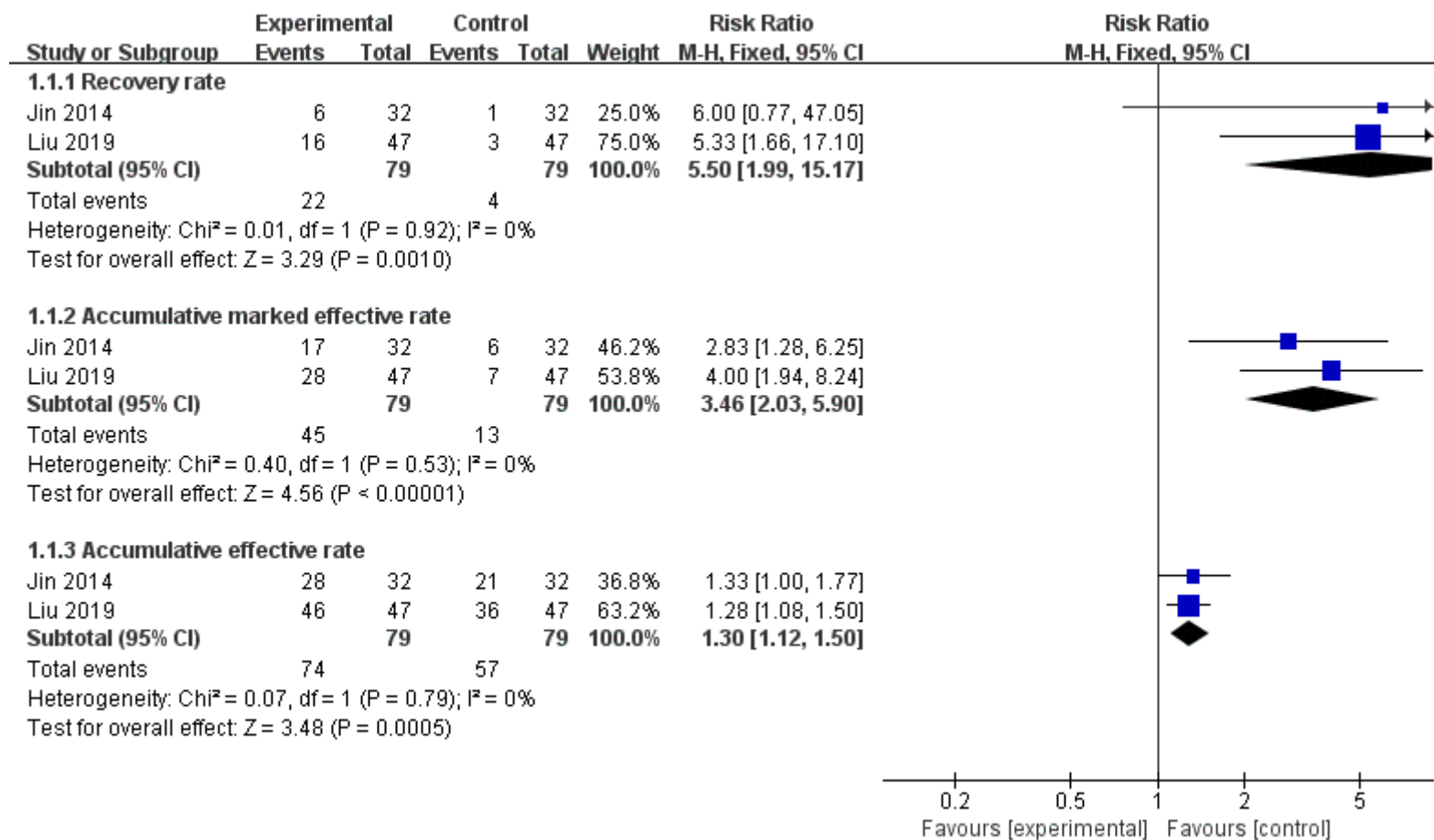


figure S2: Acupoint catgut embedding (ACE) alone versus oral Western medicine (OWM) alone-1 for constipation -predominant irritable bowel syndrome (IBS-C)

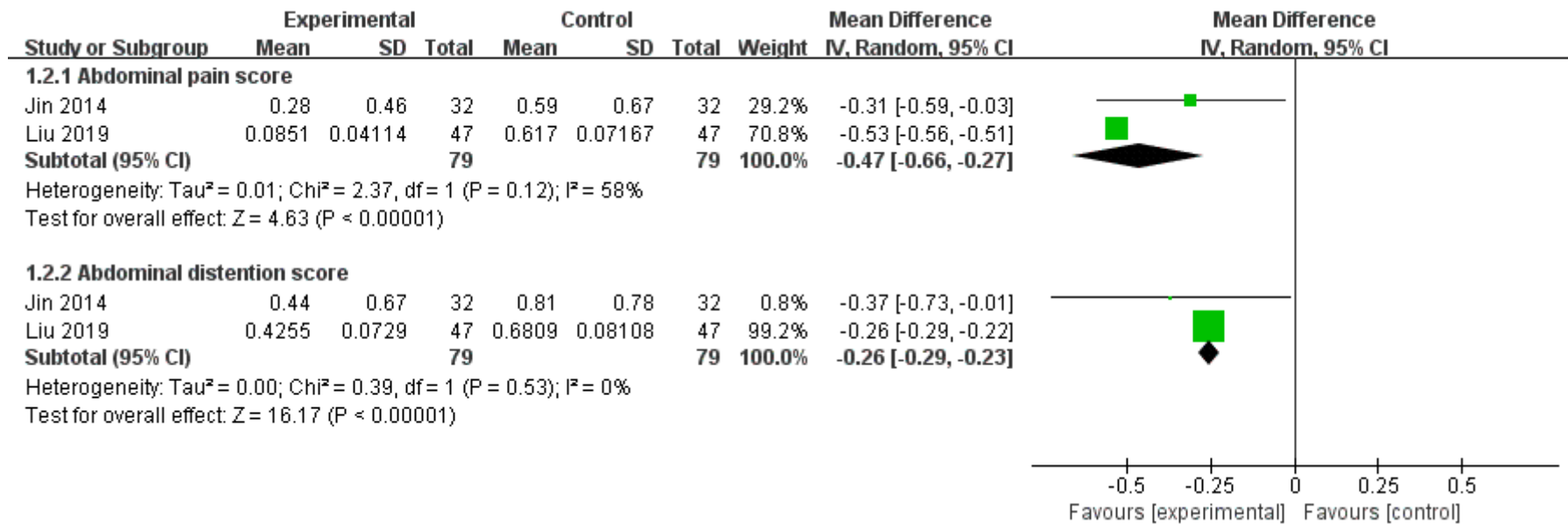


figure S3: Acupoint catgut embedding (ACE) alone versus oral Western medicine (OWM) alone-2 for constipation -predominant irritable bowel syndrome (IBS-C)

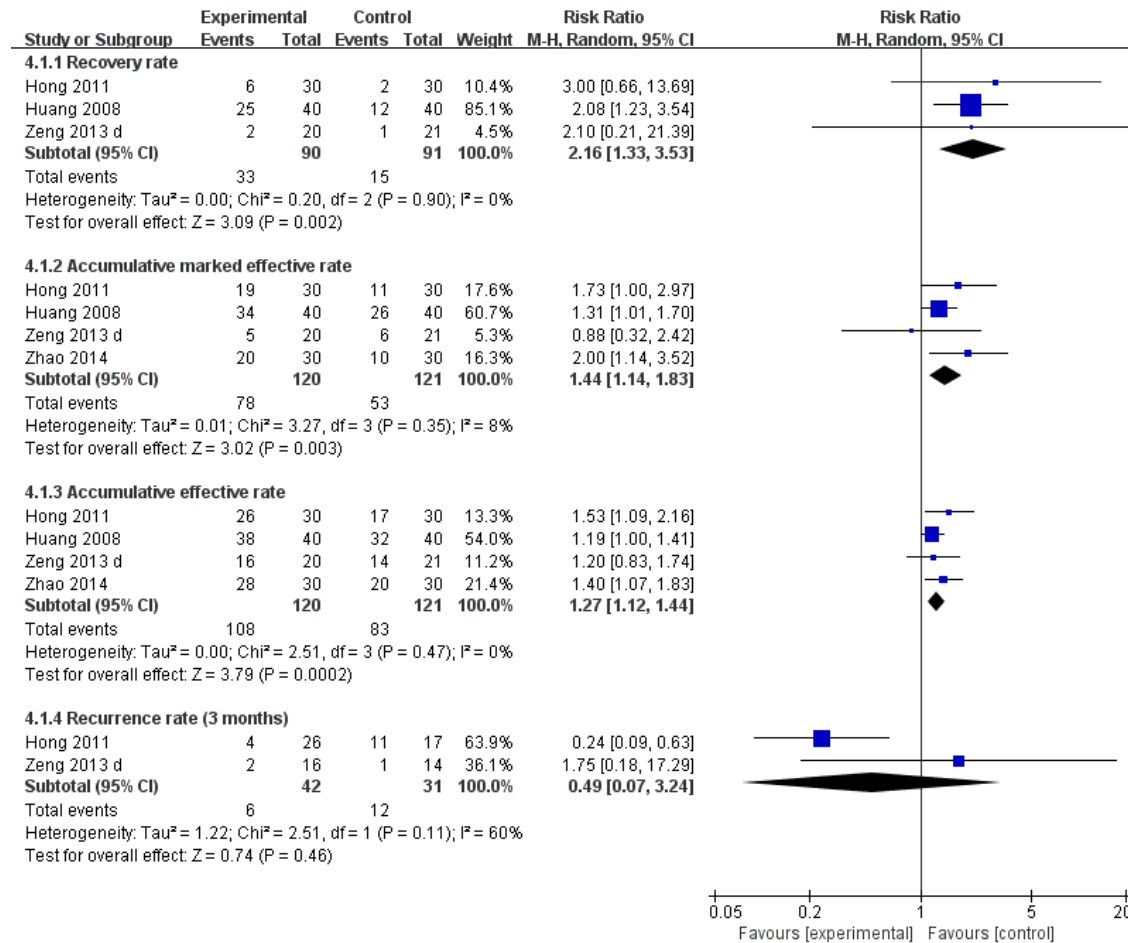


figure S4: Acupoint catgut embedding (ACE) alone versus oral Western medicine (OWM) alone-1 for diarrhea-predominant irritable bowel syndrome (IBS-D)

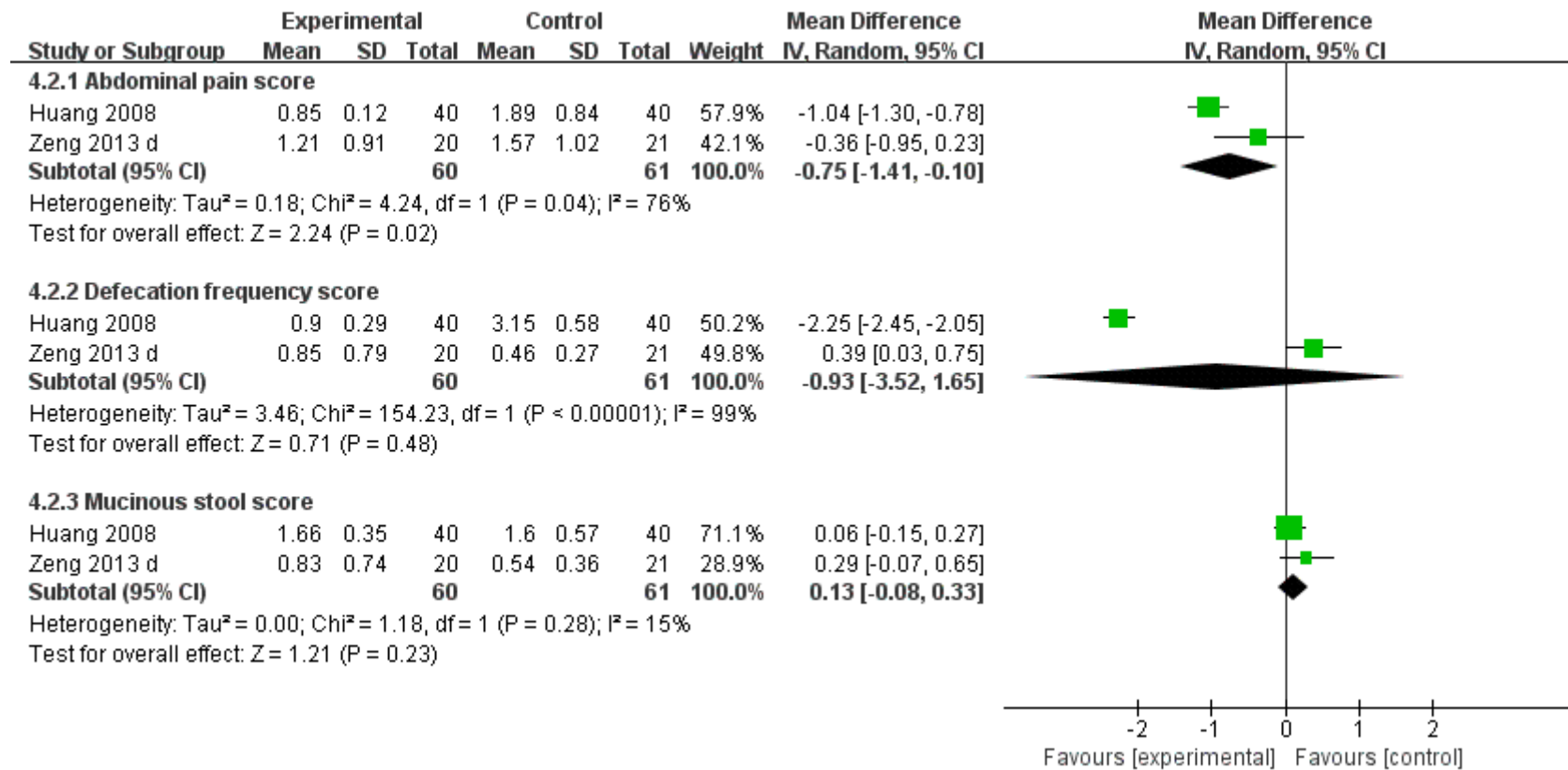


figure S5: Acupoint catgut embedding (ACE) alone versus oral Western medicine (OWM) alone-2 for diarrhea-predominant irritable bowel syndrome (IBS-D)

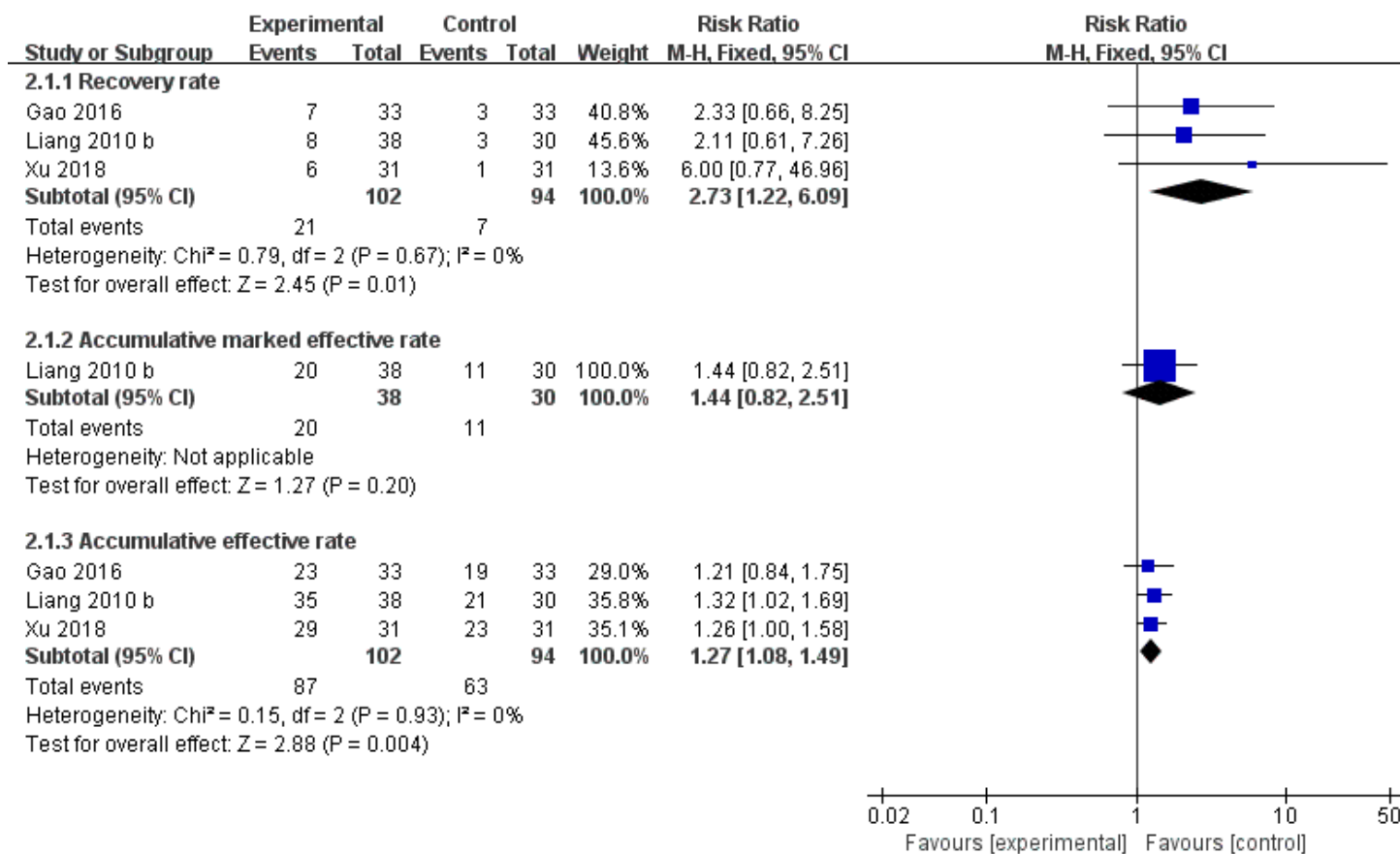


figure S6: Acupoint catgut embedding (ACE) plus other acupoint-based therapy (ABT) versus oral Western medicine (OWM) alone for constipation -predominant irritable bowel syndrome (IBS-C)

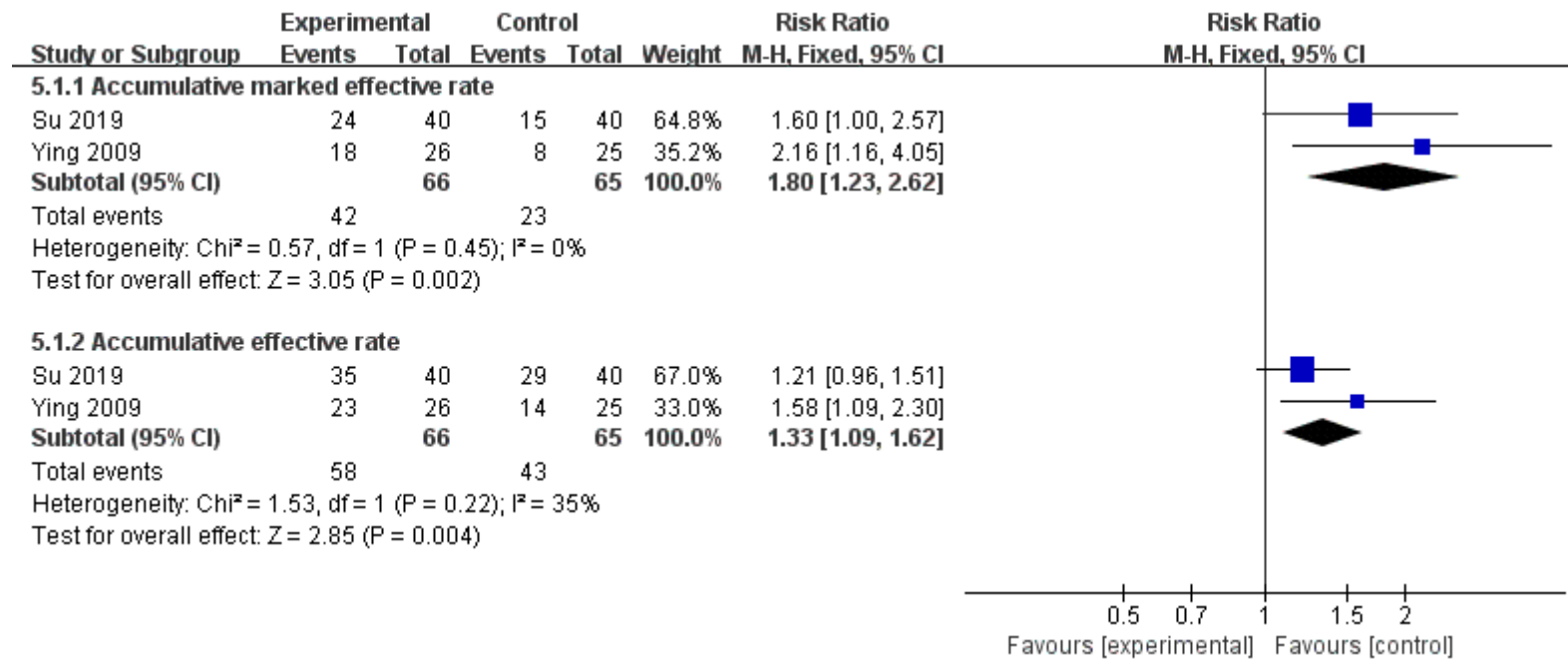


figure S7: Acupoint catgut embedding (ACE) plus other acupoint-based therapy (ABT) versus oral Western medicine (OWM) alone for diarrhea-predominant irritable bowel syndrome (IBS-D)

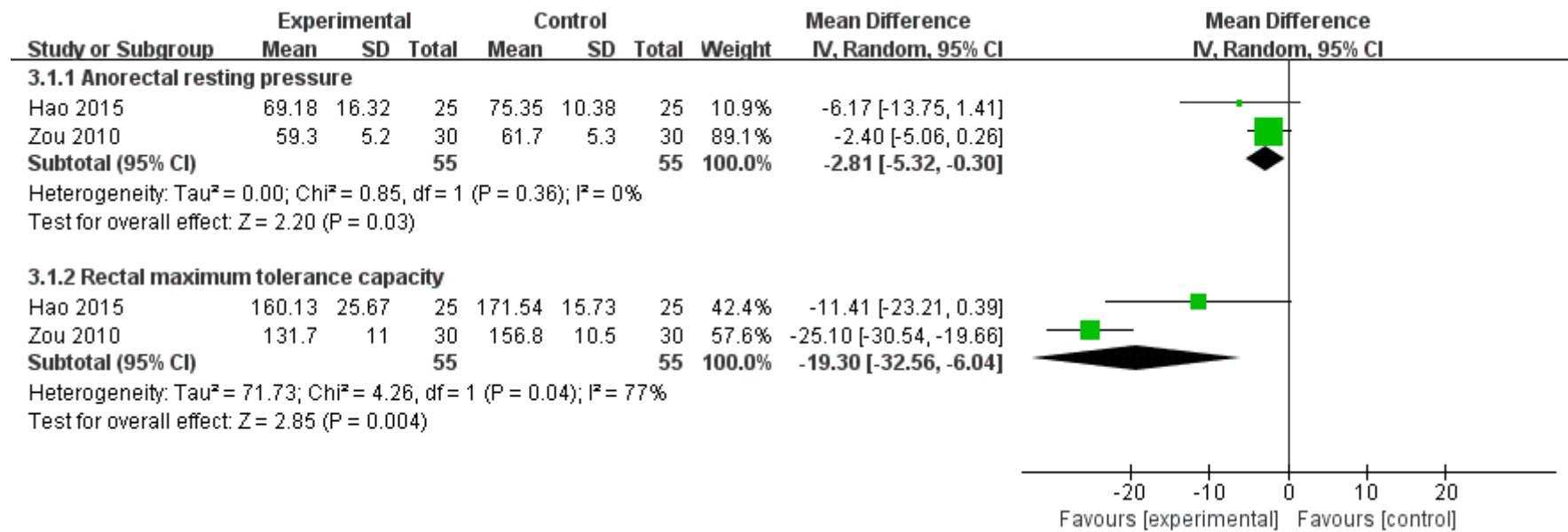


figure S8: Acupoint catgut embedding (ACE) plus oral traditional Chinese medicine (OTCM) versus oral Western medicine (OWM) alone for constipation -predominant irritable bowel syndrome (IBS-C)

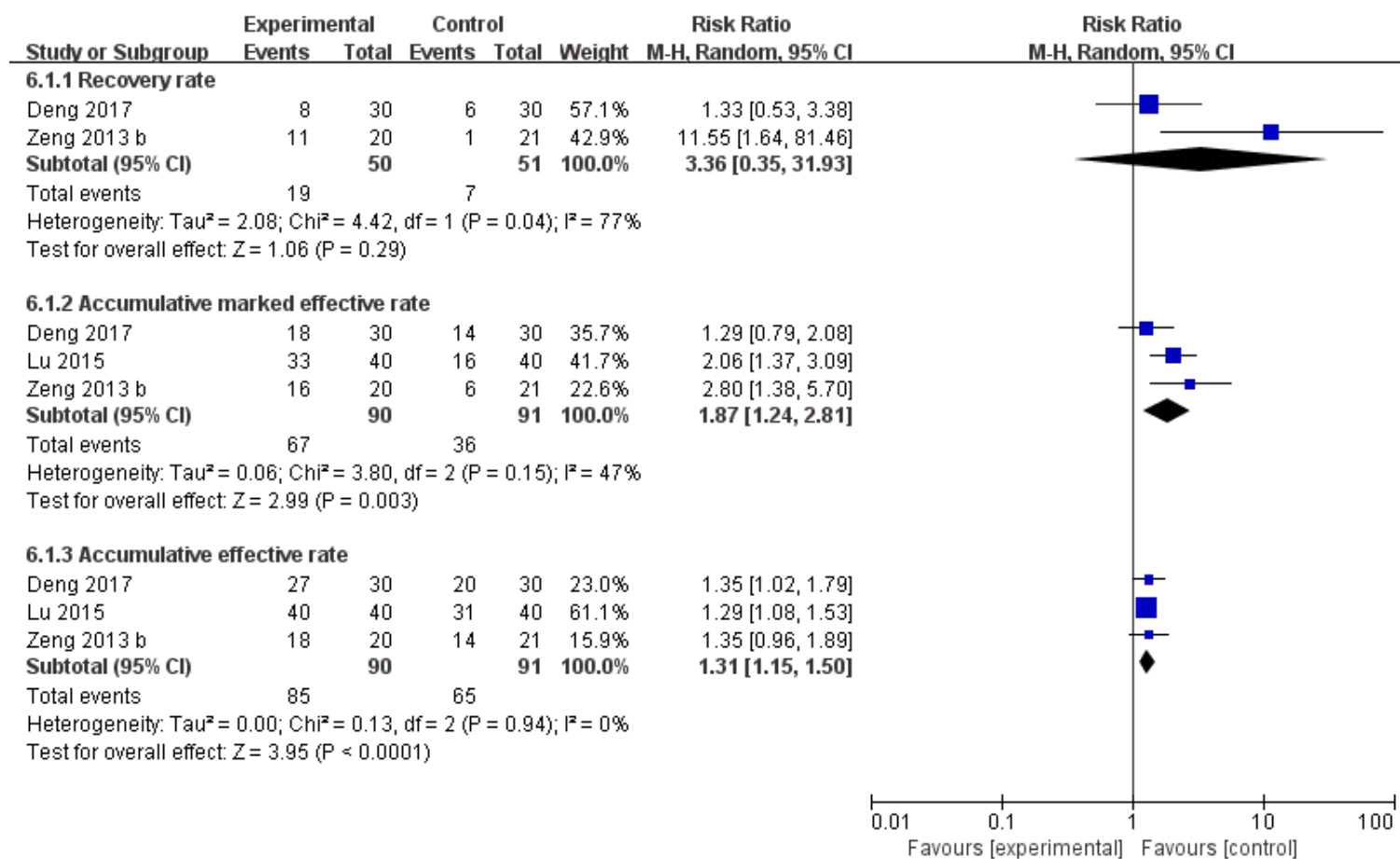


figure S9: Acupoint catgut embedding (ACE) plus oral traditional Chinese medicine (OTCM) versus oral Western medicine (OWM) alone for diarrhea-predominant irritable bowel syndrome (IBS-D)

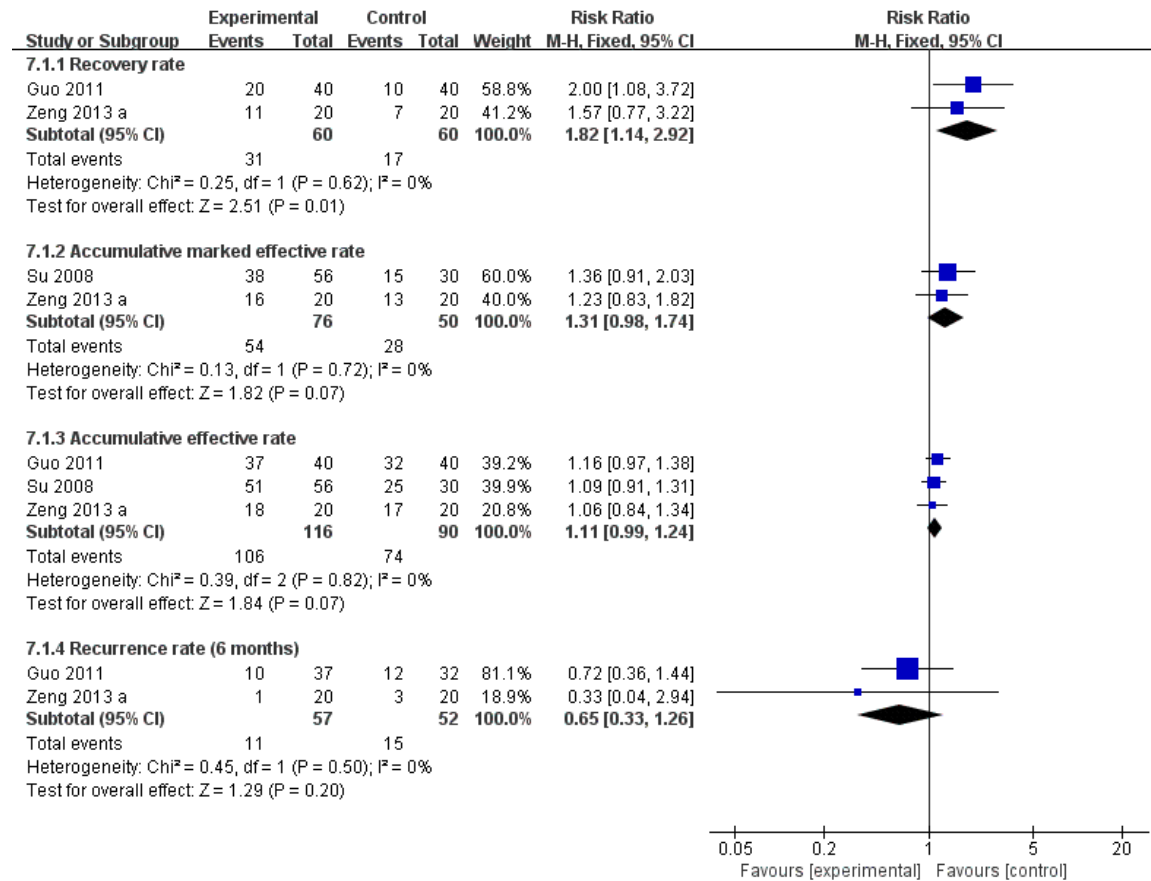


figure S10: Acupoint catgut embedding (ACE) plus oral traditional Chinese medicine (OTCM) versus OTCM alone for diarrhea-predominant irritable bowel syndrome (IBS-D)

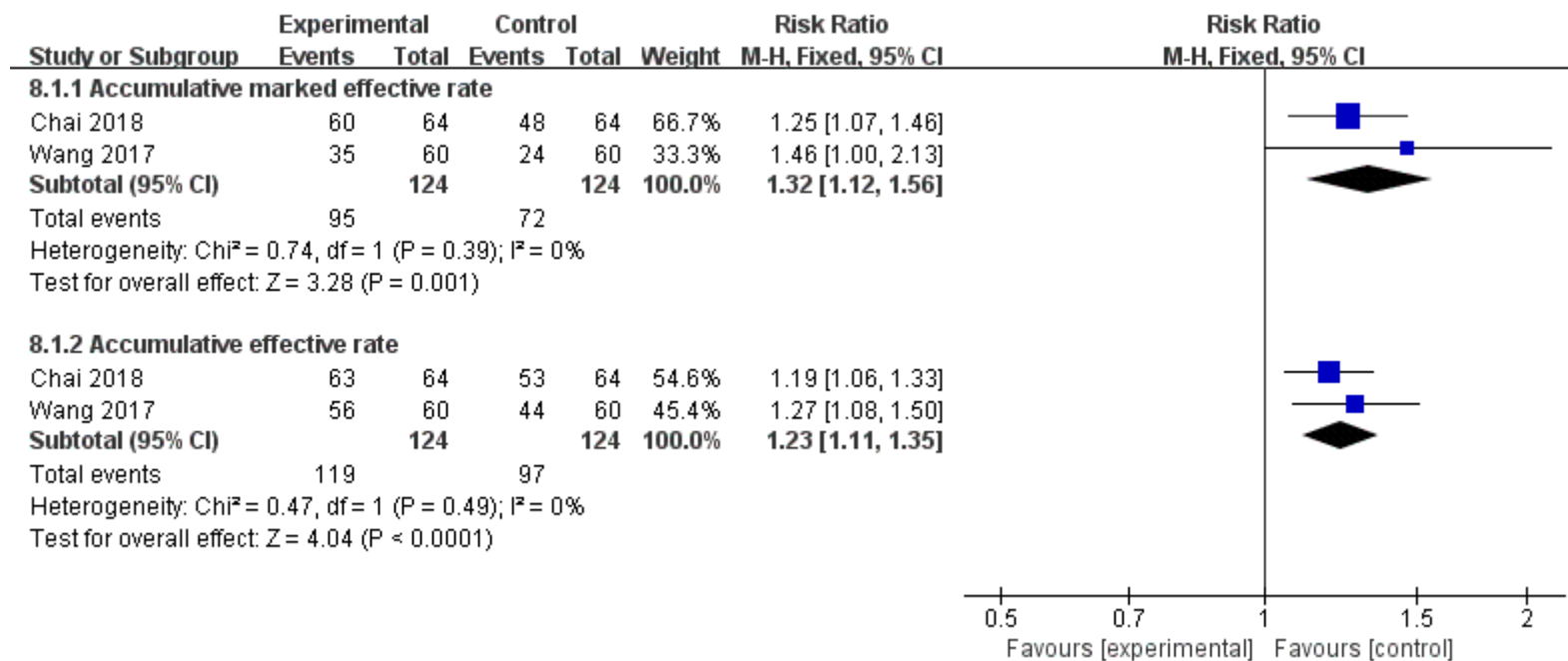


figure S11: Acupoint catgut embedding (ACE) plus other acupoint-based therapy (ABT) versus other ABT alone for diarrhea-predominant irritable bowel syndrome (IBS-D)

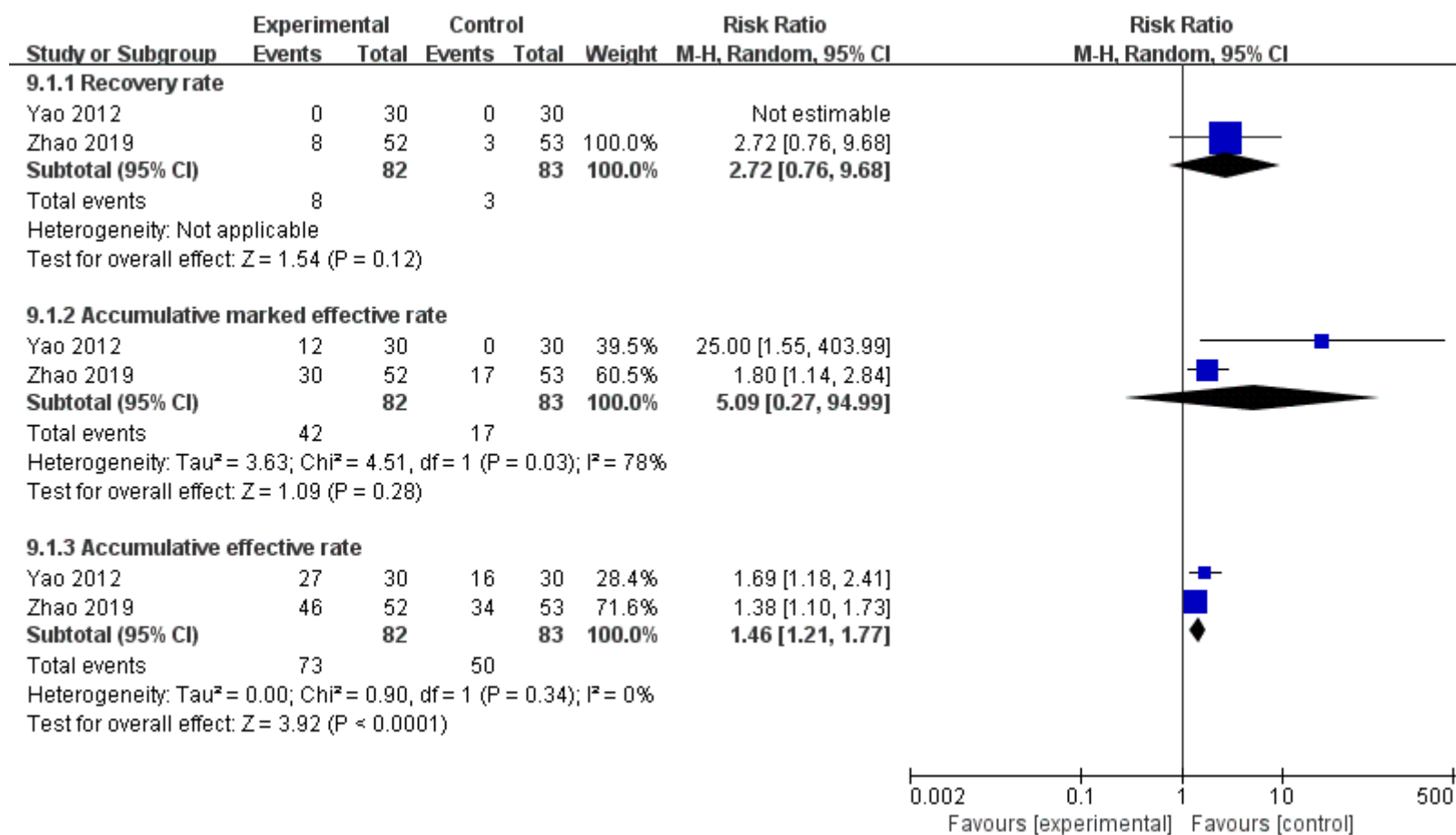


figure S12: Acupoint catgut embedding (ACE) plus oral Western medicine (OWM) versus OWM alone for diarrhea-predominant irritable bowel syndrome (IBS-D)