

Table S5 Characteristics of 6 included trials on cupping for cervical spondylosis

Trials	Patients (M/F)		Average age (y)	Diagnostic criteria	Interventions		Duration of treatment	Outcome measure
	Treatment	Control			Cupping treatment	Control		
Shao M 2003 [79]	40/53	41/48	47.5	TCM practice guideline for diagnosis and defining treatment efficacy	Tap GV14 acupoint with plum blossom needle followed by cupping on the same acupoint for 8 to 10 minutes, plus routine acupuncture on bilateral EX-B2 acupoints for 20 minutes, twice weekly	Routine acupuncture on bilateral EX-B2 acupoints for 20 minutes, twice weekly	35 days	*cure, markedly effective, ineffective
Wan XW 2007 [86]	19/11	18/12	29.9	Medical textbook published in China: <i>Guiding Principles in Chinese Medicine</i>	After routine acupuncture on bilateral GB20, bilateral EX-B2, and <i>ashi</i> acupoints needles retained for 10 minutes then removed, cupping was immediately applied over each needle hole using appropriate vacuum glass jar for 3 to 5 minutes, treatment was applied once daily	Routine acupuncture on bilateral GB20, bilateral EX-B2, and <i>ashi</i> points for 10 minutes, once daily	30 days	*recovery, improvement, failure; treatment course; relapse rate
Wang PL 2010 [90]	42 (gender proportion not reported)	42 (gender proportion not reported)	45.7	TCM practice guideline for diagnosis and defining treatment efficacy	Tap GV14, bilateral EX-B2, bilateral GB21, bilateral SI11, and <i>ashi</i> acupoints with plum blossom needle followed by cupping on the same acupoints for 10 to 15 minutes once daily, plus routine acupuncture on abdominal acupoints for 30 minutes once daily	Routine acupuncture on abdominal acupoints for 30 minutes once daily	30 days	*cure, markedly effective, effective, ineffective
Wang XM 2004 [93]	29/37	13/17	Not reported	Not reported	Prick GV14, bilateral BL11, bilateral EX-B2 with	Electroacupuncture GV14, bilateral BL11, bilateral EX-B2	30 days	*cure, markedly effective,

					tri-ensiform needle followed by cupping on same acupoints for 10 to 15 minutes once every two days, plus electroacupuncture on the same acupoints during the same session	once every two days		effective, ineffective.
You Y 2006 [116]	18/12 (1 drop out)	17/13 (2 drop outs)	45.3	Shenzhen Health Department practice guideline for TCM diagnosis and defining treatment efficacy	Tap acupoints on the Triple Burner and Small Intestine channels with plum blossom needle followed by cupping on the same acupoints for 5 minutes, plus 30 minutes traction once daily	30 minutes traction once daily	20 days	*cure, markedly effective, ineffective.
Zeng HW 2007 [117]	Group 1: 40 (gender proportion not reported)	Group 1: 40 (gender proportion not reported)	47	Criteria a established at national symposium on cervical spondylosis in 1992	Group 1: Prick GV14 acupoint and bilateral C6 level acupoints with tri-ensiform needle followed by cupping on same acupoints for 8 minutes, plus routine acupuncture and moxibustion on bilateral GB20 and EX-HN15 acupoints once daily	Group 1: Routine acupuncture and moxibustion on bilateral GB20 and EX-HN15 acupoints once daily	20 days	** markedly effective, ineffective; specific viscosity of blood; hemorheological parameters
	Group 2: 40 (gender proportion not reported)	Group 2: 40 (gender proportion not reported)			Group 2: Prick GV14 acupoint and bilateral C6 level acupoints with tri-ensiform needle followed by cupping on the same acupoints for 8 minutes, once daily	Group 2: Flunarizine 5 mg once daily		

Definition of “cure”, “markedly effective”, “effective”, and “ineffective”:

Cured: Clinical symptoms resolved, the cervical or limb functions restored to normal.

Markedly effective: Clinical symptoms significantly alleviated, cervical and limb functions effective.

Effective: Clinical symptoms alleviated, but cervical or limb functions remain impaired.

Ineffective: Clinical symptoms and signs remain unchanged after the treatment.