

Dear Editor Tang:

Thank you for your kind letter and the reviewers' comments concerning our manuscript (ID: 53200). Your comments are not only helpful for improving our paper, but also valuable for providing great insights to our future research. We have incorporated these comments in the revised manuscript and included our point-by-point responses to each of the reviewer's comments. The changes we have made are highlighted in red in the revised manuscript.

I would also like to confirm that I have carefully read and revised the manuscript twice to minimize grammar errors. Although I was not born in USA, I have been in this country for more than 30 year and have published more than 430 peer-reviewed papers and obtained more than 100 grants from the government, foundations and industries.

Thank you very much for your favorable consideration and hope this revision meets your standard for publication.

Best regard,

Jiande Chen, PhD

**Reviewer #1:**

1. Thank you for this interesting paper. However, it will be of great interest to include a table of the Rome 4 criteria thank you.

Response: Thank you for your comment. We included the Rome IV criteria in our paper, which is shown in Table 1.

**Reviewer #2:**

1. As considered, dyspepsia is a multifactorial condition, which may be linked to different organs of epigastric district (esophagus, stomach, gallbladder and pancreas); among these possible sources of dyspeptic symptoms only the stomach was considered by the Authors.

Response: Thank you very much for your comment. We very much agree with you that dyspepsia is a multifactorial condition. However, this review is focused on “functional dyspepsia” defined by the Rome IV criteria and the search selection criteria is specifically for “functional dyspepsia”. Although the Rome IV criteria is not perfect in differentiating dyspepsia of various origins, its definition of functional dyspepsia excludes largely dyspepsia attributed to dysfunction of the esophagus, gallbladder and pancreas. However, we have noticed this might be a limitation in our review. Hence, we have added the following in the Discussion: “Moreover, several included studies focused on the stomach to reveal the potential mechanisms of MA, EA and TEA in treating FD, such as gastric myoelectrical activity, gastric emptying and accommodation. However, dysfunctions of other upper GI organs may also contribute to the onset of dyspeptic symptoms. For example, an increase of spontaneous duodenal acid exposure has been reported in FD patients with prominent nausea<sup>[102]</sup>. In the future, research involved with multifactorial dysfunctions of upper GI organs should be considered in the clinical trials to serve as a better understanding of the complexity of pathophysiology in FD.”

2. In the Results, Study Selection section, some selected studies were only partially useful for the systematic review; a table resuming the aspects of each study may contribute to the clarity of text.

Response: Thank you very much. To clarify this issue, we have added a column in Table 2 (Column 3) to indicate whether only partial information was used for each included study.

3. The procedures seem to affect the levels of some gastrointestinal hormones, a clearer cause/effect relationship is advisable as well as an explanation about hormone selection.

Response: Thank you for your advice. 1) Unfortunately, a clear cause/effect relationship between hormonal changes and FD symptom improvement could hardly be derived from clinical studies. However,

discussion has been added in the 4<sup>th</sup> paragraph of the “Discussion” to stress this issue and some animal findings have also been added. 2) Hormones were not used as a criterion for the selection of the studies. However, if data were available in the selected studies regarding hormones, they are presented and discussed in the review.

4. A final open question needs to be clarified: are these procedures useful only for the symptoms or also for their possible causes?

Responses: We agreed that acupuncture/electropuncture are useful for both symptoms as well as their possible causes. Actually, we believe that acupuncture/electroacupuncture improve symptoms in FD patients by improving their causes, i.e. pathophysiological factors of FD. This was the motivation for us to write this review.

We have also tried our best to improve the manuscript by minimizing grammar errors. These changes are highlighted in red in the revised manuscript.

Dear Editor:

Thank you very much for the comment of the reviewer. Please see our response to the comment. Hope this is acceptable.

Best regard,

Jiande Chen, PhD

**Reviewer #2:**

It remains still unclear how acupuncture may cure the causes of dyspeptic symptoms.

Response: Thank you for your comment. We meant to state that acupuncture or electroacupuncture is able to improve pathophysiologies of functional dyspepsia and thereby improve dyspeptic symptoms. We did not state that acupuncture or electroacupuncture is able to cure the causes of dyspeptic symptoms as the causes of symptoms are difficult to identify.

Accordingly, we did not make any changes in the manuscript except a change in the corresponding author's contact information and email address, which is highlighted in red, in the revised manuscript.