

Dear Reviewer #1:

Specific Comments to Authors: I think there are still very few high-quality works in this area. I agree with the same authors when they repeatedly point out that higher quality clinical trials are needed to delineate the safety and efficacy of traditional Chinese medicine as an adjuvant therapy for DF. When there are not sufficient articles in the literature to write a review, we do not write a review. In such case, if we still want to write one, other article types such as letter to the editor or opinion article could be appropriate. We do not write a review just to say there is not many articles to write a review on this topic. Unfortunately, this article could help nobody in the field.

Response: Thank you very much for your advice. We totally agree with you that the clinical design of TCM adjuvant therapies has some limitations. Therefore, no matter it is review or systematic review, the direct reference value is limited. On the other hand, by summarizing the current evidence, we delineated a picture of sequential therapy against DF. For example, according to the International Working Group on the Diabetic Foot (IWGDF), DF can be divided into neurologic, ischemic, or neuroischemic. Based on our review, acupoint injection, message, and foot bath can regulate nerve function to accelerate the sensory and motor nerve conduction velocities in the lower limb; while acupuncture, massage, foot bath, and external application are able to improve blood circulation to the lower extremities. Moreover, the Society for Vascular Surgery Lower Extremity Threatened Limb (SVS Wifl) classification system classifies DF into grades 0, 1, 2, and 3. Grade 1 DF is usually associated with small, shallow ulcer(s) on the distal leg or foot but no gangrene. According to our review, external application, moxibustion, and acupuncture promote wound healing via enhancing cell proliferation, while moxibustion and fumigation accelerating the formation of collagen fibers, granulation tissues, and capillaries during wound healing. Therefore, different TCM adjuvant therapies can be used to treat DF accordingly.

Combined with the therapy-mechanism pairing diagram in this paper, a clinical reference for targeted adjuvant TCM treatment for DF of different pathologies is shown.

In addition, the progress of basic research with a schematic diagram illustrates "where are we now." The summary of basic research is also helpful for treating DF because TCM adjuvant therapy does not apply to all DF patients, and some people with severe infections and breakdowns cannot receive TCM adjuvant treatment. By reading the review, researchers can figure out targeted therapies that not only play the role of TCM adjuvant therapy but also overcome the limitations of adjuvant treatments.

We sincerely thank you for correcting our manuscript, which made our article more convincing. Based on your comments, we have added the above to the perspective section before the conclusion.

Dear Reviewer #2:

Specific Comments to Authors: 1.DFU is caused by various factors, including peripheral neuropathy, arterial disease, and foot deformity and trauma, is the above treatment effective for DFU caused by all factors? If yes please explain the mechanism. 2.As a review, the articles are more comprehensive and less elaboration, and the innovation is not enough. 3.In terms of conclusions, there is no summary of the specific mechanism of traditional Chinese medicine as an adjuvant therapy for diabetic foot.

Response: Thank you very much for providing us with valuable corrections to our manuscript. We have made the following changes to address your questions.

1. There is indeed no such TCM treatment. After accumulating researches available, we found that different TCM adjuvant therapies as a whole could cover DF with different mechanisms/stages. To facilitate reading, we posed a diagram (Figure 1). We systematically described the TCM adjuvant therapies

for different subtypes and grades of DF according to The International Working Group on the Diabetic Foot (IWGDF) and The Society for Vascular Surgery Lower Extremity Threatened Limb (SVS Wifl) in the newly added prospective section. For example, grade 0 or 1 DF caused by neuropathy can benefit from foot bath, acupoint injection, and massage for accelerating the sensory and motor nerve conduction velocities. External application, moxibustion, fumigation, acupuncture, massage, and foot bath can increase blood flow in the lower extremities and promote neovascularization in the local wound for ischemic grade 0-1 DF. In addition, a therapy-mechanism pairing diagram (Figure 1) has been developed to present this content more concisely.

2. DFU is a serious diabetic complication that burdens the health care system significantly. Managing diabetic foot ulcers can be very difficult for clinical staff. Our study was to introduce a new class of treatment modality: TCM adjuvant therapy, which has not been systematically evaluated in previous studies.

In the prospective section before the conclusion, we summarize the TCM adjuvant treatment modalities corresponding to the different stages of DF. We present a review of both clinical and basic research, which may provide some guidance for subsequent studies to validate the mechanism.

3. Thanks for the comments. We have added related mechanisms as well as factors or cytokines in conclusion.

Dear Reviewer #3:

Specific Comments to Authors: Diabetic foot is a frequent complication of DM due to vascular and neuropathological damage and is the main reason for amputation and death. The article by Liu FS et al. reviewed the traditional Chinese medicine as adjuvant therapy for diabetic foot. In general, this is a clear and well-written manuscript. but there are some minor problems: 1) The manuscript is not a systematic review. However, the review lacks a

detailed and comprehensive plan and search strategy defined in advance with the goal to minimize bias by including all relevant studies to the particular topic of the review. In order to avoid a certain one-sidedness, especially with regard to clinical consequences at least a short material and methods section should be added summarizing the search strategy and indicating if some sort of quality assessment was used for the primary literature or what other what other benchmarks/ criteria were used in the selection process. 2) There are typos in the article.

Response: Thank you very much for providing us with your valuable comments on the revision of our article. We are proud and honored by your comments and decisions. We have added the search strategy we used in the introduction section, carefully checked our manuscript, and made changes to the typos. We believe that it is necessary to make changes based on your suggestions.