## **Response letter**

## **Reply to Reviewer 1:**

**Specific Comments to Authors:** The authors did a meta-analysis study comparing different compound used in the oral Chinese medicine used for the treatment of diabetic retinopathy. Although this is a well done work and give interesting information, some points should be revised.

1. Better explain the aim to obtain such information, since those compounds are already use in the clinical.

**Author's reply:** Thank you for your question. As we have repeatedly emphasized in the abstract, introduction and conclusion of the paper. Chinese herbal medicine is widely used to treat diabetic retinopathy (DR), but it is unclear which herbal medicine is more effective for DR, due to the fact that different components may not be equally effective in improving different clinical symptoms. In this study, we collected a comprehensive set of clinical outcome indicators in order to investigate which ingredient is more advantageous and safer to treat for different clinical symptoms, disease states and screening indicators. You can simply interpret the collection of information from these meta-analyses as being more clinically relevant for individualized treatment.

2. In: Population, diagnostic criteria need to meet the accepted diagnostic criteria for DR at the time of study publication. Please briefly describe.

**Author's reply:** Thank you very much for your suggestion, we have added brief diagnostic criteria for DR in the manuscript and marked them in yellow.

3. In Intervention. Indicate the correct scientific name of the plant as well as characteristics / or name of the different compounds used, in order that not only the Chinese population can understand.

**Author's reply:** We have included the accurate scientific names for all plant species mentioned in the Intervention section. Furthermore, for reference, detailed information on the nine OCMs discussed in the study can be found in Supplementary Material.

4. In: Outcome measures. Used only one term, ineffective or invalid.

**Author's reply:** The outcome measure section has been modified to standardize the description vocabulary to "ineffective".

5. Please better explain, what: Total effective rate. The total clinical efficiency after treatment and were considered as significantly effective... does it refer to all parameters analyzed?

**Author's reply:** We apologize for any confusion caused by the lack of clarity in this article. The total effective rate is a commonly used index in the Meta-analysis of efficacy, encompassing both the significantly effective and effective groups after treatment. We have rigorously integrated original data and incorporated insights from relevant Meta-analysis studies to arrive at this index. Our revisions to the corresponding section aim to better articulate our original intent.

6. In the figures, indicate the units in the ordinates and abscissa; ie, vision Vs effective rate, levels of VEGF expression, etc.

**Author's reply:** Thank you for your suggestion about figures, we have identified the horizontal and vertical units in the appropriate places in the corresponding images. However, we still need to explain the following: Since the results of the original literature on visual acuity were obtained by using the International Standard Visual Acuity Chart, which does not have units, the indicator "visual acuity" has no units. However, considering the uniformity of the effect of the picture coordinates, we use the initial "U" of "units" to indicate the unit of "visual acuity".

7. Table 2, please check if in Danshen there is not group E. Also which is the compound first in the table, should be it up?

**Author's reply:** We deeply regret the occurrence of the table layout issue. Additionally, we conducted a meticulous check to ensure the accuracy of the corrected table.

8. As a last conclusion, could the authors postulate a better treatment; which compound could be most

recommended; and whether it should be recommended to the different , as they call, conventional western medicine treatment.

**Author's reply:** We have provided an updated summary overview of the conclusion section, which is based on the study results. In the manuscript, we have included clarifications regarding the recommended compounds and whether they are recommended for use in combination with western drugs. These revisions aim to provide clear and concise information.

## **Reply to Reviewer 2:**

**Specific Comments to Authors:** The current study addressed a really nice and important topic. However, there are some points before publication.

1. The conclusion in the abstract needs major revision and presents the final conclusion derived from the current study.

**Author's reply:** We have meticulously revised the conclusions in the abstract to accurately present the final findings of the study. These revisions ensure that this section reflects the conclusive outcomes of our research.

2. The search strategy for all databases should be added to the supplementary material.

**Author's reply:** We have compiled the search strategies used for all seven databases and included them in Supplementary Material 1.

3. The statistical analysis lacks of Begg's and Egger's tests.

**Author's reply:** We appreciate your feedback regarding the statistical methodology. As per your suggestion, we have incorporated the results of Begg's and Egger's tests in the publication bias section of the manuscript.

4. In the result section, "Literature search results and basic characteristics" has presented very weak, and more comprehensive details of included studies should be presented.

**Author's reply:** Thank you for your suggestion. We have expanded the information and provided additional details regarding the characteristics of the included studies. These additions are now reflected in the section titled "Literature search results and basic characteristics."

5. The discussion lacks of more detail about other rehabilitation strategies for metabolic disease. Exercise training and also neuromuscular electrical stimulation may be good strategies for this concern. The authors may read and use the following papers: Rahmati M, Shamsi MM, Woo W, Koyanagi A, Lee SW, Yon DK, Shin JI, Smith L. Effects of physical rehabilitation interventions in COVID-19 patients following discharge from hospital: A systematic review. Journal of integrative medicine. 2023 Jan 20. Rahmati M, Gondin J, Malakoutinia F. Effects of neuromuscular electrical stimulation on quadriceps muscle strength and mass in healthy young and older adults: a scoping review. Physical Therapy. 2021 Sep;101(9):pzab144. Rahmati M, Malakoutinia F. Aerobic, resistance and combined exercise training for patients with amyotrophic lateral sclerosis: A systematic review and meta-analysis. Physiotherapy. 2021 Dec 1;113:12-28.

**Author's reply:** Thank you for providing valuable insights into the professional rehabilitation strategy for metabolic diseases. We have reviewed the suggested articles and thoroughly examined other pertinent literature. As a result, we have incorporated additional information in the discussion section of the manuscript, emphasizing the significant role of rehabilitation therapies, including exercise training. These additions underscore the importance of incorporating rehabilitation approaches to optimize the management of metabolic diseases.

6. The study limitation needs to be presented more limitations from the current study.

**Author's reply:** Following a comprehensive analysis and synthesis of the included literature, we have identified and outlined additional limitation factors in addition to the original limitations. These newly identified limitations have been carefully incorporated into the manuscript.