Supplementary Appendix

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Appendix 1: **PRISMA NMA Checklist**

Section/Topic	Item #	Checklist Item	Reported on Page #
TITLE			
Title	1	Identify the report as a systematic review *incorporating a network meta-analysis (or related form of meta-analysis).*	*1*
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: **Background:** main objectives **Methods:** data sources; study eligibility criteria, participants, and interventions; study appraisal; and *synthesis methods, such as network meta-analysis.* **Results:** number of studies and participants identified; summary estimates with corresponding confidence/credible intervals; *treatment rankings may also be discussed. Authors may choose to summarize pairwise comparisons against a chosen treatment included in their analyses for brevity.* **Discussion/Conclusions:** limitations; conclusions and implications of findings. **Other:** primary source of funding; systematic review registration number with registry name.	2
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known*, including mention of why a network meta-analysis has been conducted._*	*3*
Objectives	4	Provide an explicit statement of questions being addressed, with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	4
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists and if and where it can be accessed (e.g., Web address); and, if available, provide registration information, including registration number.	4
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale. *Clearly describe eligible treatments included in the treatment network, and note whether any have been clustered or merged into the same node (with justification)._*	5
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	4
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	4

Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	4
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	5
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	5
Geometry of the network	S1	Describe methods used to explore the geometry of the treatment network under study and potential biases related to it. This should include how the evidence base has been graphically summarized for presentation, and what characteristics were compiled and used to describe the evidence base to readers.	*6*
Risk of bias within individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	6
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means). *Also describe the use of additional summary measures assessed, such as treatment rankings and surface under the cumulative ranking curve (SUCRA) values, as well as modified approaches used to present summary findings from meta-analyses.*	7
Planned methods of analysis	14	Describe the methods of handling data and combining results of studies for each network meta-analysis. This should include, but not be limited to: • *Handling of multi-arm trials;* • *Selection of variance structure;* • *Selection of prior distributions in Bayesian analyses; and* • *Assessment of model fit.*	7
Assessment of Inconsistency	S2	Describe the statistical methods used to evaluate the agreement of direct and indirect evidence in the treatment network(s) studied. Describe efforts taken to address its presence when found.	7
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	6
Additional analyses	16	Describe methods of additional analyses if done, indicating which were pre-specified. This may include, but not be limited to, the following: • Sensitivity or subgroup analyses; • Meta-regression analyses; • *Alternative formulations of the treatment network; and* • *Use of alternative prior distributions for Bayesian analyses (if applicable).*_	*7*
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	7
Presentation of network structure	S3	Provide a network graph of the included studies to enable visualization of the geometry of the treatment network.	*Appendix 10*
Summary of network geometry	S4	Provide a brief overview of characteristics of the treatment network. This may include commentary on the abundance of trials and randomized	*Appendix 10*

		patients for the different interventions and pairwise comparisons in the network, gaps of evidence in the treatment network, and potential biases 7reflected by the network structure.	
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	8
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment.	9
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: 1) simple summary data for each intervention group, and 2) effect estimates and confidence intervals. *Modified approaches may be needed to deal with information from larger networks.*	*Appendix 3*
Synthesis of results	21	Present results of each meta-analysis done, including confidence/credible intervals. *In larger networks, authors may focus on comparisons versus a particular comparator (e.g. placebo or standard care), with full findings presented in an appendix. League tables and forest plots may be considered to summarize pairwise comparisons.* If additional summary measures were explored (such as treatment rankings), these should also be presented.	9
Exploration for inconsistency	S5	Describe results from investigations of inconsistency. This may include such information as measures of model fit to compare consistency and inconsistency models, *P* values from statistical tests, or summary of inconsistency estimates from different parts of the treatment network.	*Appendix 5*
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies for the evidence base being studied.	8
Results of additional analyses	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression analyses*, alternative network geometries studied, alternative choice of prior distributions for Bayesian analyses,* and so forth).	
DISCUSSION			
Summary of evidence	24	Summarize the main findings, including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy-makers).	13
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review level (e.g., incomplete retrieval of identified research, reporting bias). *Comment on the validity of the assumptions, such as transitivity and consistency. Comment on any concerns regarding network geometry (e.g., avoidance of certain comparisons).*	14
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	14
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review. This should also include information regarding whether funding has been received from manufacturers of treatments in the network and/or whether some of the authors are content experts with professional conflicts of interest that could affect use of treatments in the network.	*15*

Appendix 2: Search strategy

#	Searches	Database
1	((((((((((((Prostatitis[MeSH Terms]) OR (Prostatitides[Title/Abstract])) OR (Acute Bacterial Prostatitis[Title/Abstract])) OR (Acute Bacterial Prostatitides[Title/Abstract])) OR (Bacterial Prostatitides, Acute[Title/Abstract])) OR (Bacterial Prostatitis, Acute[Title/Abstract])) OR (Chronic Bacterial Prostatitis[Title/Abstract])) OR (Bacterial Prostatitides, Chronic[Title/Abstract])) OR (Bacterial Prostatitis, Chronic[Title/Abstract])) OR (Chronic Bacterial Prostatitides[Title/Abstract])) OR (Prostatitides, Chronic Bacterial[Title/Abstract])) OR (Chronic Prostatitis with Chronic Pelvic Pain Syndrome[Title/Abstract])) OR (Asymptomatic Inflammatory Prostatitis[Title/Abstract])) OR (Asymptomatic Inflammatory Prostatitides[Title/Abstract])) OR (Inflammatory Prostatitis, Asymptomatic[Title/Abstract])	**Pubmed**
2	traditional Chinese medicine[Title/Abstract]	
3	Chinese patent medicine[Title/Abstract]	
4	proprietary Chinese medicine[Title/Abstract]	
5	((tablet[Title/Abstract]) OR (capsule[Title/Abstract])) OR (granule[Title/Abstract])	
6	#2 OR #3 OR #4 OR #5	
7	((((Randomized Controlled Trials as Topic[MeSH Terms]) OR (Clinical Trials, Randomized[Title/Abstract])) OR (Trials, Randomized Clinical[Title/Abstract])) OR (Controlled Clinical Trials, Randomized[Title/Abstract])) OR (RCT[Title/Abstract])	
8	#1 AND #6 AND #7	
1	TS=("Prostatitis" OR "Prostatitides" OR "Acute Bacterial Prostatitis" OR "Acute Bacterial Prostatitides" OR "Bacterial Prostatitides, Acute" OR "Bacterial Prostatitis, Acute" OR "Chronic Bacterial Prostatitis" OR "Bacterial Prostatitides, Chronic" OR "Bacterial Prostatitis, Chronic" OR "Chronic Bacterial Prostatitides" OR "Prostatitides, Chronic Bacterial" OR "Chronic Prostatitis with Chronic Pelvic Pain Syndrome" OR "Asymptomatic Inflammatory Prostatitis" OR "Asymptomatic Inflammatory Prostatitides" OR "Inflammatory Prostatitis, Asymptomatic")	**Web of Science**
2	TS=("traditional Chinese medicine")	
3	TS=("Chinese patent medicine")	
4	TS=("proprietary Chinese medicine")	
5	TS=("tablet" OR "capsule" OR "granule")	
6	#2 OR #3 OR #4 OR #5	
7	TS=("Randomized Controlled Trials as Topic" OR "Clinical Trials, Randomized" OR "Trials, Randomized Clinical" OR "Controlled Clinical Trials, Randomized" OR "RCT")	
8	#1 AND #6 AND #7	
1	[mh "Prostatitis"] OR [tiab "Prostatitides"] OR [tiab "Acute Bacterial Prostatitis"] OR [tiab "Acute Bacterial Prostatitides"] OR [tiab "Bacterial Prostatitides, Acute"] OR [tiab "Bacterial Prostatitis, Acute"] OR [tiab "Chronic Bacterial Prostatitis"] OR [tiab "Bacterial Prostatitides, Chronic"] OR [tiab "Bacterial Prostatitis, Chronic"] OR [tiab "Chronic Bacterial Prostatitides"] OR [tiab "Prostatitides, Chronic Bacterial"] OR [tiab "Chronic Prostatitis with Chronic Pelvic Pain Syndrome"] OR [tiab	**Cochrane Central Register of Controlled Trials**

#	Searches	Database
	"Asymptomatic Inflammatory Prostatitis"] OR [tiab "Asymptomatic Inflammatory Prostatitides"] OR [tiab "Inflammatory Prostatitis, Asymptomatic"]	
2	[tiab "traditional Chinese medicine"]	
3	[tiab "Chinese patent medicine"]	
4	[tiab "proprietary Chinese medicine"]	
5	[tiab "tablet"] OR [tiab "capsule"] OR [tiab "granule"]	
6	#2 OR #3 OR #4 OR #5	
7	[mh "Randomized Controlled Trials as Topic"] OR [tiab "Clinical Trials, Randomized"] OR [tiab "Trials, Randomized Clinical"] OR [tiab "Controlled Clinical Trials, Randomized"] OR [tiab "RCT"]	
8	#1 AND #6 AND #7	
1	'prostatitis'/exp OR 'prostatitides':ti,ab OR 'acute bacterial prostatitis':ti,ab OR 'acute bacterial prostatitides':ti,ab OR 'bacterial prostatitides, acute':ti,ab OR 'bacterial prostatitis, acute':ti,ab OR 'chronic bacterial prostatitis':ti,ab OR 'bacterial prostatitides, chronic':ti,ab OR 'bacterial prostatitis, chronic':ti,ab OR 'chronic bacterial prostatitides':ti,ab OR 'prostatitides, chronic bacterial':ti,ab OR 'chronic prostatitis with chronic pelvic pain syndrome':ti,ab OR 'asymptomatic inflammatory prostatitis':ti,ab OR 'asymptomatic inflammatory prostatitides':ti,ab OR 'inflammatory prostatitis, asymptomatic':ti,ab	**Embase**
2	'traditional chinese medicine':ti,ab	
3	'chinese patent medicine':ti,ab	
4	'proprietary chinese medicine':ti,ab	
5	(tablet:ti,ab OR capsule:ti,ab OR granule:ti,ab)	
6	#2 OR #3 OR #4 OR #5	
7	'randomized controlled trial'/exp OR 'clinical trial, randomized':ti,ab OR 'trials, randomized clinical':ti,ab OR 'controlled clinical trials, randomized':ti,ab OR 'rct':ti,ab	
8	#1 AND #6 AND #7	
1	prostatitis	**CNKI, VIP, Wanfang, Sinomed**
2	traditional chinese medicine	
3	chinese patent medicine	
4	proprietary chinese medicine	
5	tablet OR capsule OR granule	
6	#2 OR #3 OR #4 OR #5	
7	randomized controlled trial	
8	#1 AND #6 AND #7	

Appendix 3: Characteristics of included studies

1. Baseline characteristics of included studies

Study	Patients (T/C)	Age（years） (T/C)	Duration（year） (T/C)	Treatment duration	T	C	Outcome
Wang 2023 [17]	50/50	31.02±3.46/31.46±3.98	3.14±0.70/3.02±0.78	12 weeks	A	M	①⑤⑦
Zhang 2023 [18]	43/43	41.62±3.37/40.27±3.18	4.29±1.48/4.07±1.26	3 weeks	A	M	①⑤⑥⑦
Qi 2023 [19]	30/30	50.34±7.44/50.22±7.62	2.38±0.74/2.41±0.56	8 weeks	A	M	①②③④⑤⑦
Liu 2022a [20]	55/55	48.12±2.45/47.99±2.51	5.22±1.02/5.18±1.04	4 weeks	A	M	①②③④⑦
Liu 2022b [21]	56/56	50.30±8.15/50.23±8.11	2.54±0.64/2.51±0.62	8 weeks	A	M	①②③④⑤⑦
Zhang 2021 [22]	30/30	40.49±3.67/40.52±3.54	5.12±0.54/5.11±0.16	4 weeks	A	M	①②③④⑤⑦
Ba 2021 [23]	50/50	51.56±5.71/51.63±5.62	3.63+0.25/3.57+0.27	8 weeks	A	M	①⑦
Wang 2021a [24]	45/45	34.8±1.1/34.9±1.0	2.4±0.1/2.3±0.2	4 weeks	A	M	①②③④⑦
Wang 2021b [25]	44/43	37.53±5.40/38.24±5.64	NA	8 weeks	A	M	①⑤⑥
Lu 2020 [26]	52/48	41.2±8.3/41.2±8.3	2.37±0.41/2.45±0.47	4 weeks	A	M	①②⑤
Liu 2020 [27]	41/41	51.9±3.5/51.3±3.7	4.0±0.6/4.2±0.7	8 weeks	A	M	①②③
Wang 2020a [28]	60/60	32.5±17/35±19	NA	4 weeks	A	M	①②③④
Zhang 2019 [29]	60/60	34.13±6.85/34.28±6.21	NA	8 weeks	A	M	①②③④⑤
Su 2019 [30]	41/41	38.16±3.01/36.52±2.44	3.46±0.41/2.34±0.89	4 weeks	A	M	①②③④⑤
Jing 2019 [31]	48/48	45.1±4.8/46.3±4.5	3.52±0.41/3.04±0.29	8 weeks	A	M	①②③④⑥
Zeng 2017 [32]	65/65	41.2±8.3/40.3±9.7	2.37±0.41/40.3±9.7	4 weeks	A	M	①②③④⑤⑥
Wu 2017a [33]	43/42	48.72±4.72/48.73±4.74	NA	4 weeks	A	M	①②③④
Cai 2017 [34]	49/49	42.73±6.35/44.01±5.05	7.94±0.85/7.59±0.72	4 weeks	A	M	①⑤⑥
Yu 2016 [35]	50/50	34.6±6.8/35.9±7.1	NA	4 weeks	A	M	①⑤⑥
Sang 2016 [36]	70/70	35.2±3.4/35.6±3.2	8.6±2.4/8.7±2.6	4 weeks	A	M	①⑤
Chang 2015 [37]	50/50	48.7±8.9/47.9±9.0	7.9±4.5/7.6±4.2	4 weeks	A	M	①⑤⑦
Zhang 2015a [38]	37/36	35.22±4.61/35.47±4.22	4.36±1.11/4.17±1.06	8 weeks	A	M	①⑤⑥
He 2014 [39]	59/62	34.8	2.3	4 weeks	A	M	①②③④⑤⑥
Zhu 2013 [40]	100/80	NA	NA	4 weeks	A	M	①②③④⑦
Xiao 2013 [41]	90/40	30.5±1.2	13.2±2.8	4 weeks	A	M	①②③④⑤
Liu 2012 [42]	101/97	33.3±5.8/34.7±5.2	1.5-12/2-13	4 weeks	A	M	①⑤⑥
Wang 2022 [43]	40/40	67.87±4.41/67.43±5.07	NA	4 weeks	B	M	①⑤⑦
Lin 2022 [44]	53/53	56.22±3.51/52.52±3.62	6.44±1.35/6.22±1.24	8 days	B	M	①②③
Liu 2021 [45]	54/55	32/28	6～15/5～12	8 weeks	B	M	①②③④
Yi 2021 [46]	35/35	45.5±2.3/45.6±2.7	5.55±2.44/5.68±2.15	4 weeks	B	M	①⑤⑦
Han 2021 [47]	47/43	41.38±6.45/40.89±8.66	NA	8 weeks	B	M	①⑤⑦
Zhou 2021a [48]	31/31	45.42±11.20	NA	2 weeks	B	M	①⑤⑥⑦
Qian 2020 [49]	57/57	43.6±1.3/44.0±1.4	3.86±1.23/3.79±1.16	3 weeks	B	M	①②③⑤⑥
Zhao 2020 [50]	62/62	49.6±7.4/49.4±7.2	3.5±0.7/3.4±0.2	2 weeks	B	M	①③④⑦
Peng 2019 [51]	80/80	35.39±5.37/37.05±7.03	2.42±1.04/2.33±0.98	4 weeks	B	M	①②③④⑤⑥
Liu 2018 [52]	55/55	36.58±4.83/36.64±4.79	3.24±0.76/3.29±0.73	2 weeks	B	M	①②③④⑥⑦
Ma 2017 [53]	35/35	42.38±5.46/42.97±5.14	2.18±0.45/2.24±0.51	4 weeks	B	M	①②③⑤
Mei 2017 [54]	39/39	52.2±13.5/54.1±10.3	NA	4 weeks	B	M	①②③④⑤⑦
Chen 2016 [55]	107/107	38.26±8.34/38.28±8.52	NA	2 weeks	B	M	①②③④⑤
Su 2016 [56]	93/93	31.48±4.69/32.75±4.26	7.4±0.6/6.7±0.8	4 weeks	B	M	①⑤⑦

Zhou 2015 [57]	55/55	45.1±16.9	NA	4 weeks	B	M	①⑤
Luo 2018 [58]	60/60	30.22±6.53/30.31±6.61	NA	8 weeks	C	M	①②③④⑤
Li 2017 [59]	60/60	34.6±12.7/34.0±11.4	NA	8 weeks	C	M	①②③④
Zhang 2016 [60]	58/58	36.1±13.2/34.6±12.5	NA	12 weeks	C	M	①②③④⑦
Li 2015 [61]	45/45	43.9±5.2	1.6±0.5	4 weeks	C	M	①⑤⑥
Liu 2014a [62]	60/60	45.7±5.4/46.3±5.2	3.9±1.8/3.7±2.0	4 weeks	C	M	①⑤⑥
Zhang 2011 [63]	60/60	30.64±8.62/31.34±9.6	2.42±1.93/2.38±1.85	4 weeks	C	M	①②③④⑤
Sun 2008 [64]	73/42	31.6	1.4	4 weeks	C	M	①②③⑤⑥
Fan 2015 [65]	70/68	29.1±7.9	3.5±2.8	12 weeks	D	M	①②③④⑤
Jiang 2009 [66]	90/60	33±1.9/34±2.1	26±2.5/25±2.4	4 weeks	D	M	①⑤⑥
Li 2009 [67]	35/32	36.3±6.7/35.8±8.7	NA	4 weeks	D	M	①②③④⑤⑥⑦
Wu 2017b [68]	58/58	37.9±9.1/38.6±9.2	2.2±0.7/2.1±0.6	4 weeks	E	M	①③④⑦
Qiao 2013 [69]	138/105	19-44	NA	4 weeks	E	M	②③④⑤⑥
Qiao 2012 [70]	60/60	31.4	3～11	4 weeks	E	M	①②③④⑤⑥
Ji 2010 [71]	138/130	33.5	6	4 weeks	E	M	①⑥
Xu 2010 [72]	38/35	30.6±8.2/30.5±8.3	3.4±2.5/3.3±2.4	4 weeks	E	M	①②③④⑤⑥
Cao 2023 [73]	40/40	35.13±10.6/35.13±10.2	NA	4 weeks	F	M	①③④⑥⑦
Wang 2018 [74]	32/32	31.1±0.1/30.3±0.2	NA	4 weeks	F	M	①⑤⑥
Luo 2022 [75]	39/39	55.14±1.02/54.25±1.13	NA	4 weeks	F	M	①⑤⑥
Liu 2014b [76]	30/30	32.65/33.1	3.45/13.45	4 weeks	F	M	①⑤⑥
Qin 2009 [77]	56/40	32.1	3 - 11	4 weeks	F	M	①②③④⑤
Sun 2021 [78]	51/51	35.89±6.10/35.10±6.37	9.36±2.07/9.10±2.21	4 weeks	G	M	①②③⑤⑦
Nan 2021 [79]	60/60	47.88±4.56/47.13±4.02	6.83±1.20/6.56±1.32	4 weeks	G	M	①⑤⑥
Wang 2020b [80]	51/51	45.77±5.45/45.90±5.23	NA	2 weeks	G	M	①②③④⑦
Xu 2018 [81]	38/38	34.06±6.21/33.93±6.45	7.45±1.36/7.58±1.31	4 weeks	G	M	①②③④⑤⑦
Zheng 2015 [82]	120/120	32±4.7	0.5±0.3	4 weeks	H	M	①⑥
Zhu 2011 [83]	42/42	31.4/30.8	3.8/3.5	4 weeks	H	M	①②③④
Wu 2014 [84]	53/54	35.3±8.4/36.1±8.7	21.3±6.4/21.6±6.2	4 weeks	I	M	①⑤⑥
Zhu 2014 [85]	55/55	34.17±8.59/34.62±9.17	9.52±3.16/9.12±2.93	8 weeks	I	M	①②③④⑤
Cheng 2016 [86]	50/50	41.82±5.78/42.79±5.13	2.10±0.54/1.91±0.42	8 weeks	I	M	①②③④⑤
Zhang 2015b [87]	40/40	34.65±7.3/34.60±7.8	NA	4 weeks	J	M	①②③④⑤
Xu 2014 [88]	40/40	32±7	5.3±2.1	4 weeks	J	M	②③④⑤
Lin 2015 [89]	66/66	35.4±4.3/34.2±4.7	NA	4 weeks	K	M	①⑤⑦
Hao 2012 [90]	56/55	28±10.3	9.1±5.6	4 weeks	K	M	①⑤
Zhou 2021b [91]	45/45	27.4±4.1/28.2±3.6	NA	4 weeks	L	M	②③④⑤
Zhu 2016 [92]	50/50	35.4±12.5/38.4±13.2	4.2±2.3/4.5±2.3	12 weeks	L	M	①⑤⑥

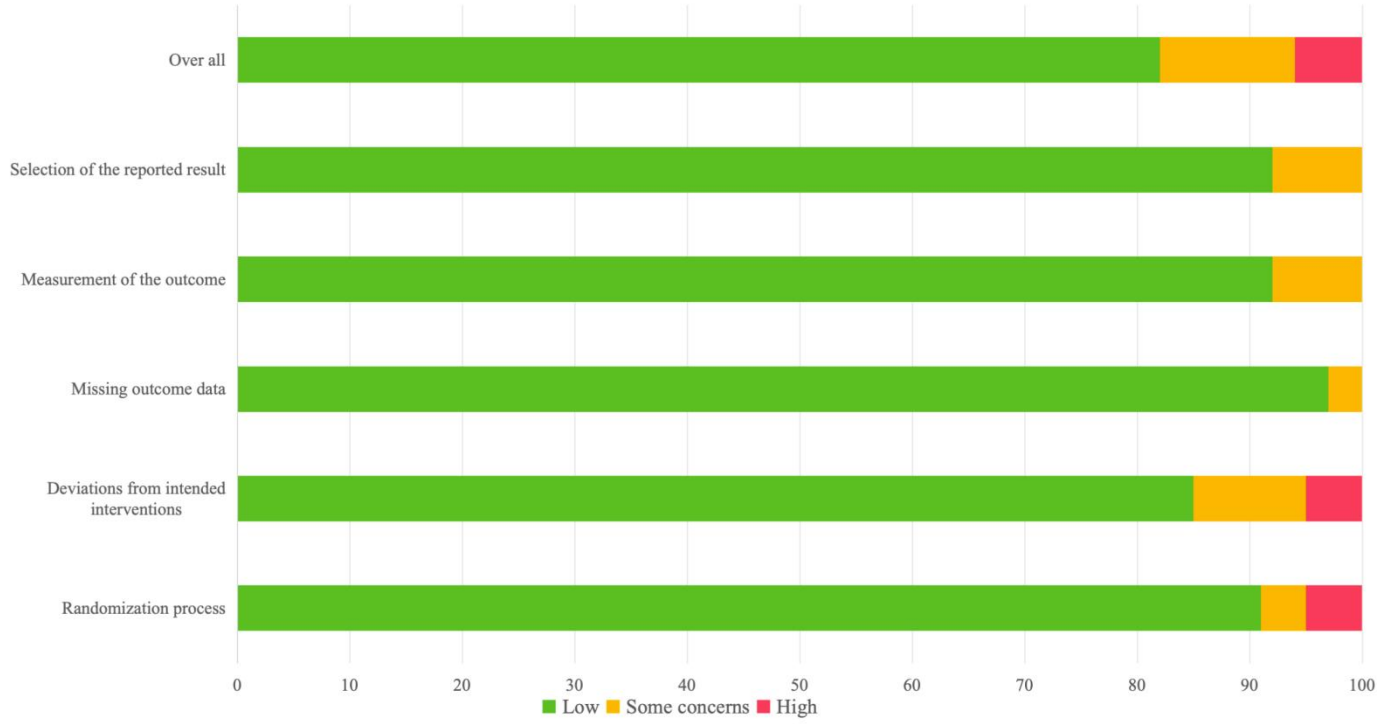
Abbreviations: T, Treatment group; C, Control group; A: Qianlie Shutong Capsules(QLST); B: Ningmitai Capsules(NMT); C: Qianlie Antong Tablets/Capsules(QLAT); D: Sanjin Tablets(SJ); E: Qianlie Jiedu Capsules(QLJD); F: Qianlie Beixi Capsules(QLBX); G: Relinqing Granules(RLQ); H: Qianlie Tongyu Capsules(QLTY); I: Qianlieping Capsules(QLP); J: Qianlie Anshuan Tablets(QLAS); K: Wenglitong Capsules(WLT); L: Shuangshi Tonglin Capsules(SSTL); M: Standard treatment. ① total effective rate; ② Pain symptom score; ③ Urination disorder score; ④ Quality of life score; ⑤ NIH-CPSI score; ⑥ EPS white blood cell count; ⑦ Adverse events.

2. Chinese patent medicine list

Medicine Name	Syndrome Type	Efficacy	Indications	Composition
Qianlie Shutong Capsules	Damp-Heat with Blood Stasis	Clear Heat and Drain Dampness, Transform Stasis and Dissipate Nodules	Chronic prostatitis, prostatic hyperplasia	Phellodendron, Red Peony Root, Angelica Sinensis, Ligusticum Chuanxiong, Smilax Glabra, Sparganium, Alisma, etc.
Ningmitai Capsules	Accumulation of Damp-Heat	Clear Heat and Detoxify, Drain Dampness and Promote Urination	Difficult urination, dribbling painful urination, lower urinary tract infections, chronic prostatitis, etc.	Red Sage, Imperata Rhizome, Large Wind Vine, Three Needles, Herba Agrimoniae, etc.
Qianlie Antong Capsules	Damp-Heat with Blood Stasis	Clear Heat and Drain Dampness, Invigorate Blood and Transform Stasis	Frequent urination, urgent urination, difficult urination, lower abdominal distension and pain, etc.	Phellodendron, Red Peony Root, Salvia Miltiorrhiza, Peach Kernel, Lycopus, etc.
Sanjin Tablets	Damp-Heat in the Lower Burner	Clear Heat and Detoxify, Drain Dampness and Promote Urination, Tonify the Kidneys	Heat stranguria, acute and chronic pyelonephritis, chronic non-bacterial prostatitis, etc.	Rosa Laevigata Root, Clinacanthus, Smilax China, Centella Asiatica, Rhizoma Smilacis Glabrae
Qianlie Jiedu Capsules	Damp-Heat with Blood Stasis	Detoxify and Drain Dampness, Promote Urination and Transform Stasis	Chronic prostatitis, etc.	Leech, Rhubarb, Motherwort, Dandelion, Safflower, Earthworm, Astragalus, Angelica Sinensis, etc.
Qianlie Beixi Capsules	Damp-Heat with Blood Stasis	Clear Heat and Drain Dampness, Invigorate Blood and Transform Stasis, Promote Diuresis and Urination	Difficult urination, dribbling painful urination, prostatitis, prostatic hyperplasia, etc.	Laggera Pterodonta, Mole Cricket, Vaccaria, Gleditsia Spine, Hedgehog Skin
Relinqing Granules	Damp-Heat in the Lower Burner	Clear Heat and Drain Fire, Promote Diuresis and Urination	Heat stranguria, urinary tract infections, pyelonephritis, etc.	Persicaria Capitata
Qianlie Tongyu Capsules	Blood Stasis with Internal Accumulation of Damp-Heat	Invigorate Blood and Transform Stasis, Clear Heat and Promote Urination	Chronic prostatitis, etc.	Red Peony Root, Eupolyphaga, Pangolin, Peach Kernel, Pyrrosia, Prunella, Angelica Dahurica, etc.
Qianlieping Capsules	Damp-Heat with Blood Stasis	Clear Heat and Drain Dampness, Transform Stasis and Relieve Pain	Acute and chronic prostatitis	Patrinia, Salvia Miltiorrhiza, Red Peony Root, Peach Kernel, Safflower, Lycopus, Pyrrosia, etc.
Qianlie Anshuan Tablets	Damp-Heat with Blood Stasis	Clear Heat and Drain Dampness to Promote Urination, Transform Stasis and Dissipate Nodules to Relieve Pain	Seminal turbidity, leukorrhea, chronic prostatitis, etc.	Phellodendron, Japanese Knotweed, Gardenia, Rhubarb, Lycopus, Ilex, Evodia, etc.
Wenglitong Capsules	Damp-Heat with Blood Stasis	Clear Heat and Drain Dampness, Dissipate Nodules and Dispel Stasis	Prostatic hyperplasia, frequent urination, urgent urination, thin urine stream, etc.	Coix Seed, Zhejiang Fritillary Bulb, Clematis Armandii, Gardenia, Honeysuckle, Inula Flower, Lycopus, Rhubarb, etc.
Shuangshi Tonglin Capsules	Damp-Heat with Blood Stasis	Clear Heat and Drain Dampness, Transform Turbidity and Promote Urination	Chronic prostatitis, etc.	Phellodendron, Dioscorea Hypoglauca, Patrinia, Indigo Naturalis, Talcum, Plantain Seed, Acorus, Poria, etc.

Appendix 4: Risk of bias of randomized clinical trials

1. Overall risk of bias presented as percentage of each risk of bias item across all included studies.



2. Study level risk of bias assessment using Cochrane risk of bias tool 2.0 for assessing risk of bias.

Unique ID	Randomization process	Deviations from intended interventions	Missing outcome data	Measurement of the outcome	Selection of the reported result	Over all
Wang 2023 [17]	High	High	High	Low	Some concerns	High
Zhang 2023 [18]	Low	Low	High	Low	Some concerns	High
Qi 2023 [19]	Low	Low	Low	Low	Low	Low
Liu 2022a [20]	Low	Low	Low	Low	Low	Low
Liu 2022b [21]	High	High	Some concerns	Some concerns	Some concerns	High
Zhang 2021 [22]	Low	Some concerns	Low	Low	Low	Some concerns
Ba 2021 [23]	Low	Some concerns	Low	Low	Low	Some concerns
Wang 2021a [24]	Low	Low	Low	Low	Low	Low
Wang 2021b [25]	Low	Low	Low	Low	Low	Low
Lu 2020 [26]	Low	Low	Low	Low	Low	Low
Liu 2020 [27]	Low	Low	Low	Low	Low	Low
Wang 2020a [28]	Low	Low	Low	Low	Low	Low
Zhang 2019 [29]	Low	Low	Low	Low	Low	Low
Su 2019 [30]	Low	Low	Low	Low	Low	Low
Jing 2019 [31]	Low	Low	Low	Low	Low	Low
Zeng 2017 [32]	Low	Low	Low	Low	Low	Low
Wu 2017a [33]	Low	Low	Low	Low	Low	Low
Cai 2017 [34]	Low	Low	Low	Low	Low	Low
Yu 2016 [35]	Low	Low	Low	Low	Low	Low
Sang 2016 [36]	Low	Low	Low	Low	Low	Low
Chang 2015 [37]	Low	Low	Low	Low	Low	Low
Zhang 2015a [38]	Low	Low	Low	Low	Low	Low
He 2014 [39]	Some concerns	Some concerns	Low	Low	Low	High
Zhu 2013 [40]	Low	Low	Low	Low	Low	Low
Xiao 2013 [41]	Low	Low	Low	Low	Low	Low
Liu 2012 [42]	Low	Low	Low	Low	Low	Low
Wang 2022 [43]	Low	Low	Low	Low	Low	Low
Lin 2022 [44]	Low	Low	Low	Low	Low	Low
Liu 2021 [45]	Low	Low	Low	Low	Low	Low
Yi 2021 [46]	Low	Low	Low	Low	Low	Low
Han 2021 [47]	Low	Low	Low	Low	Low	Low
Zhou 2021a [48]	Low	Low	Low	Low	Low	Low
Qian 2020 [49]	Low	Low	Low	Low	Low	Low
Zhao 2020 [50]	Low	Low	Low	Low	Low	Low
Peng 2019 [51]	Low	Low	Low	Low	Low	Low
Liu 2018 [52]	Some concerns	Some concerns	Low	Low	Low	High
Ma 2017 [53]	Low	Low	Low	Low	Low	Low
Mei 2017 [54]	Low	Low	Low	Low	Low	Low
Chen 2016 [55]	Low	Low	Low	Low	Low	Low
Su 2016 [56]	Low	Low	Low	Low	Low	Low
Zhou 2015 [57]	Low	Low	Low	Low	Low	Low
Luo 2018 [58]	High	High	High	Low	Some concerns	High

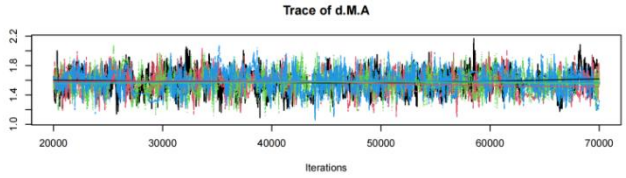
Li 2017 [59]	Low	Low	High	Low	Some concerns	High
Zhang 2016 [60]	Low	Low	Low	Low	Low	Low
Li 2015 [61]	Low	Low	Low	Low	Low	Low
Liu 2014a [62]	High	High	Some concerns	Some concerns	Some concerns	High
Zhang 2011 [63]	Low	Some concerns	Low	Low	Low	Some concerns
Sun 2008 [64]	Low	Some concerns	Low	Low	Low	Some concerns
Fan 2015 [65]	Low	Low	Low	Low	Low	Low
Jiang 2009 [66]	Low	Low	Low	Low	Low	Low
Li 2009 [67]	Low	Low	Low	Low	Low	Low
Wu 2017b [68]	Low	Low	Low	Low	Low	Low
Qiao 2013 [69]	Low	Low	Low	Low	Low	Low
Qiao 2012 [70]	Low	Low	Low	Low	Low	Low
Ji 2010 [71]	Low	Low	Low	Low	Low	Low
Xu 2010 [72]	Low	Low	Low	Low	Low	Low
Cao 2023 [73]	Low	Low	Low	Low	Low	Low
Wang 2018 [74]	Low	Low	Low	Low	Low	Low
Luo 2022 [75]	Low	Low	Low	Low	Low	Low
Liu 2014b [76]	Low	Low	Low	Low	Low	Low
Qin 2009 [77]	Low	Low	Low	Low	Low	Low
Sun 2021 [78]	Low	Low	Low	Low	Low	Low
Nan 2021 [79]	Low	Low	Low	Low	Low	Low
Wang 2020b [80]	Some concerns	Some concerns	Low	Low	Low	High
Xu 2018 [81]	Low	Low	Low	Low	Low	Low
Zheng 2015 [82]	Low	Low	Low	Low	Low	Low
Zhu 2011 [83]	Low	Low	Low	Low	Low	Low
Wu 2014 [84]	Low	Low	Low	Low	Low	Low
Zhu 2014 [85]	Low	Low	Low	Low	Low	Low
Cheng 2016 [86]	Low	Low	Low	Low	Low	Low
Zhang 2015b [87]	Low	Low	Low	Low	Low	Low
Xu 2014 [88]	Low	Low	Low	Low	Low	Low
Lin 2015 [89]	Low	Low	Low	Low	Low	Low
Hao 2012 [90]	Low	Low	Low	Low	Low	Low
Zhou 2021b [91]	Low	Low	Low	Low	Low	Low
Zhu 2016 [92]	Low	Low	Low	Low	Low	Low

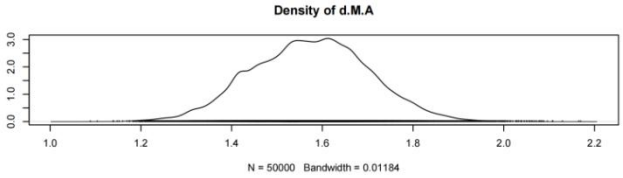
Appendix 5: Evaluation of consistency and heterogeneity

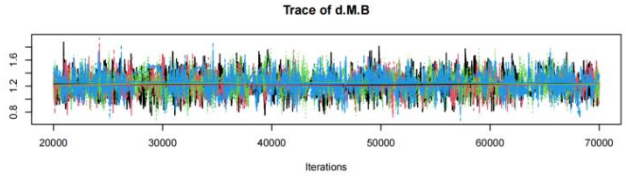
Parameters	Outcomes	Study	Consistency			
			Totresdev	pD	DIC	I^2
Efficacy	Total effective rate	73 studies, n = 8032	117.27459	89.16267	206.43726	0%
	Pain symptom score	47 studies, n = 5137	93.69871	91.07531	184.77402	0.7%
	Urination disorder score	46 studies, n = 5037	91.97477	88.88236	180.85713	1%
	Quality of life score	41 studies, n = 4550	82.44761	77.79581	160.24342	2%
	NIH-CPSI score	58 studies, n = 6515	116.1222	111.7685	227.8907	1%
	EPS white blood cell count	29 studies, n = 3231	59.28397	56.66179	115.94577	4%
Safety	Adverse events	24 studies, n = 2440	46.25119	35.88413	82.13531	0%

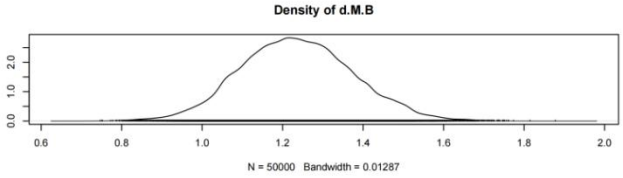
Appendix 6: **Density plots and Trajectory plots of comparisons of each outcome**

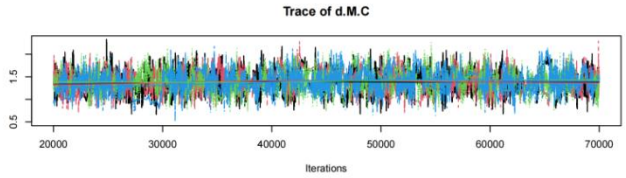
1. Total effective rate

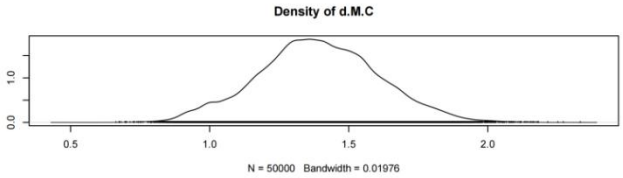


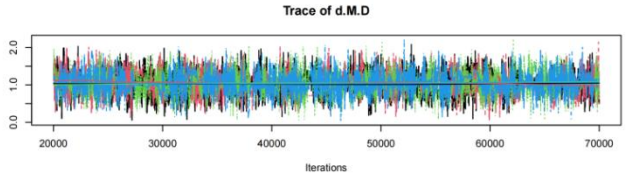


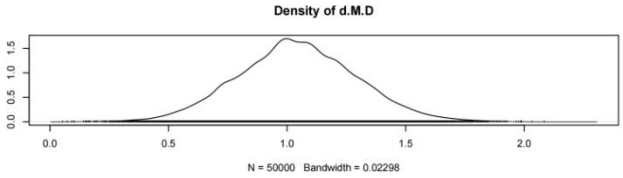


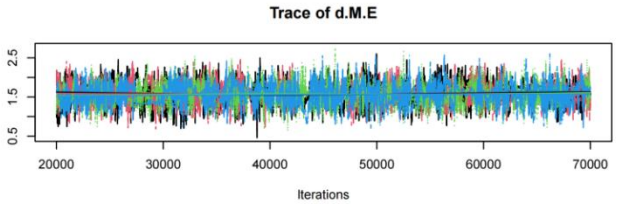


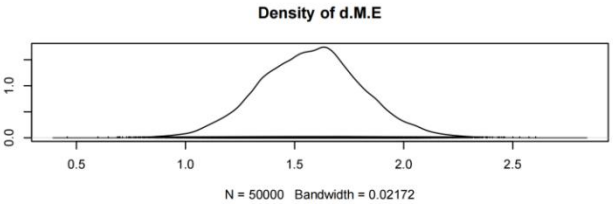


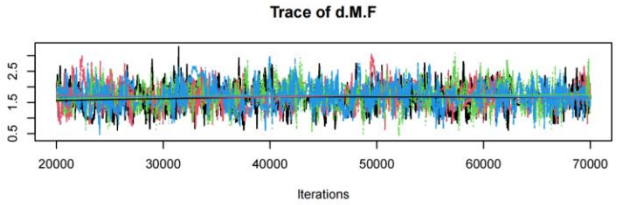


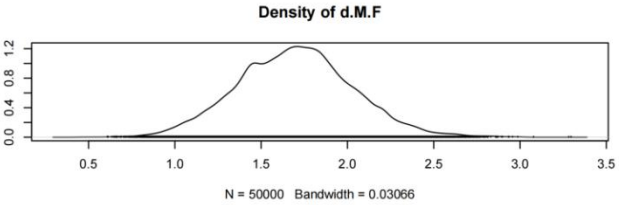


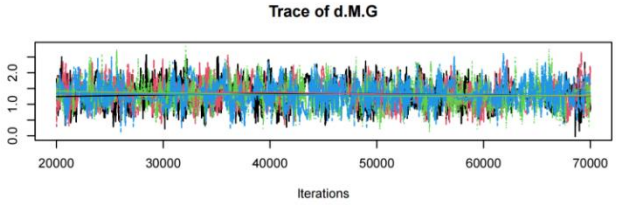


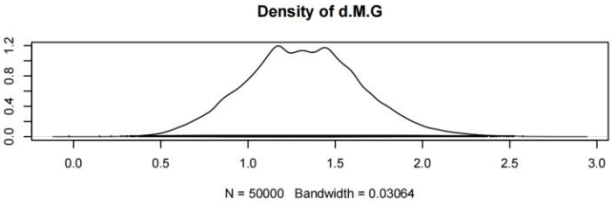


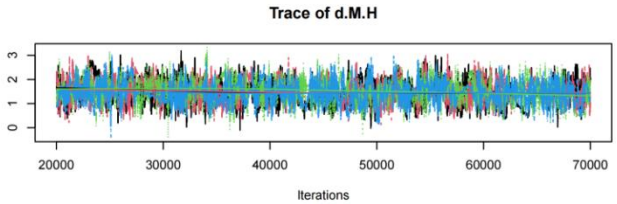


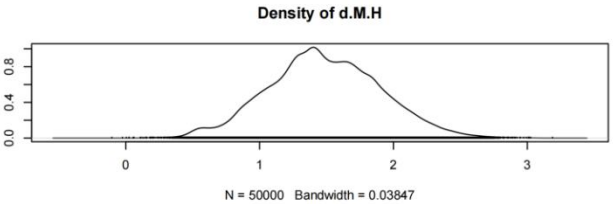


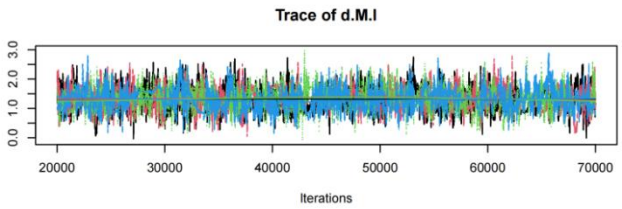








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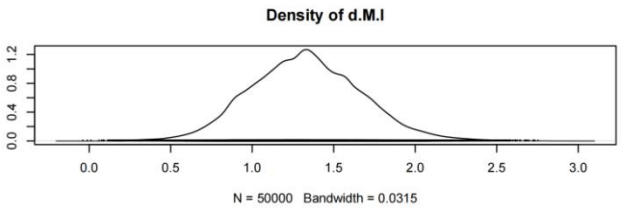
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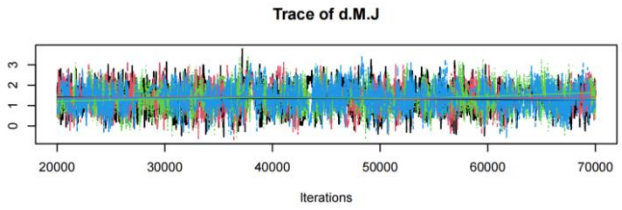
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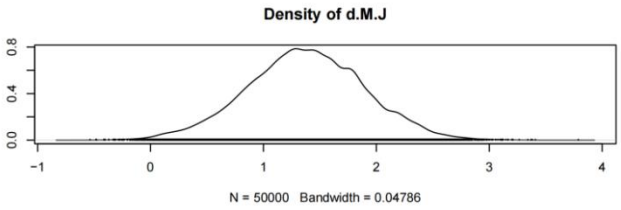
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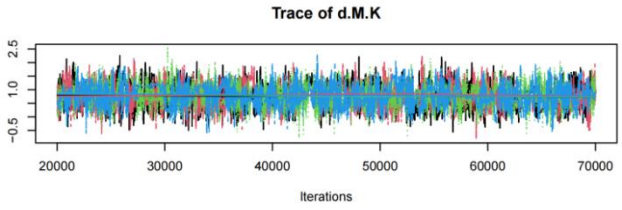
Trace of d.M.K
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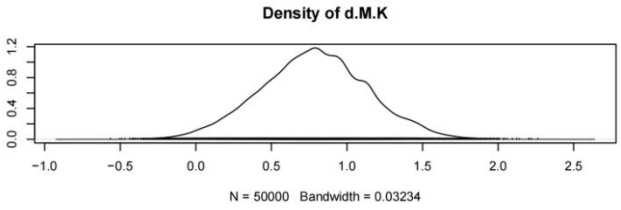
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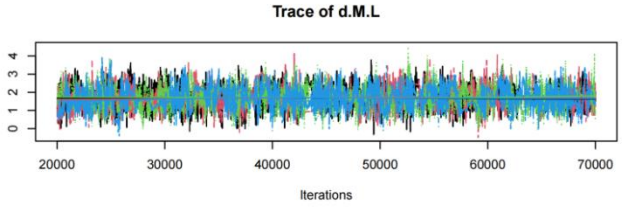
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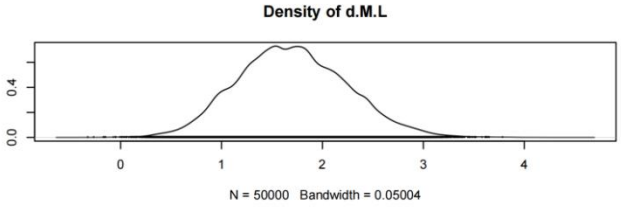
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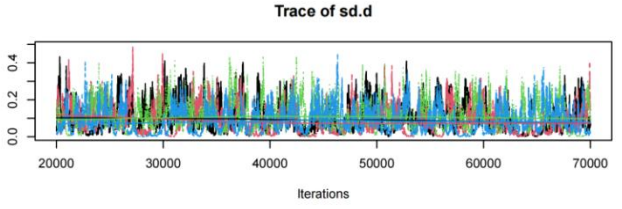
Trace of sd.d
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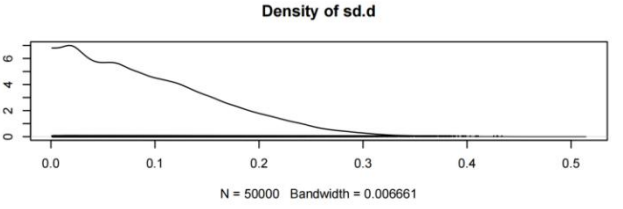
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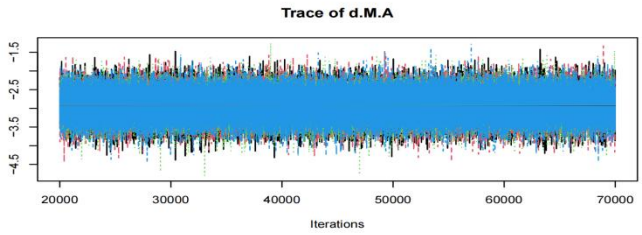
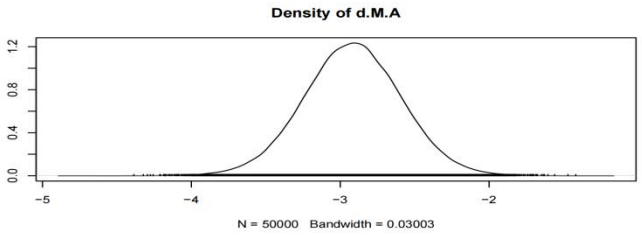
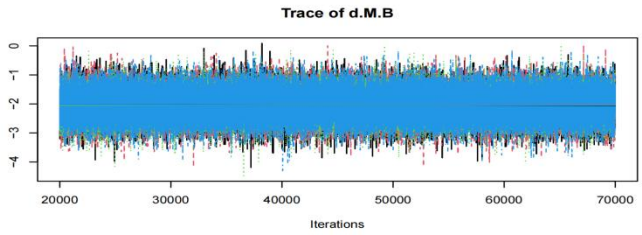
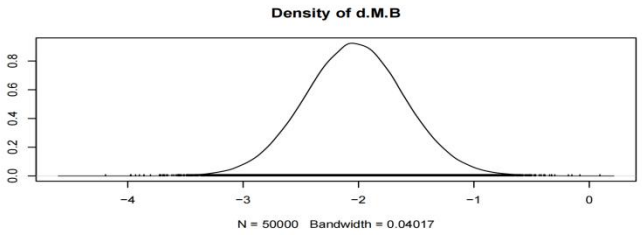
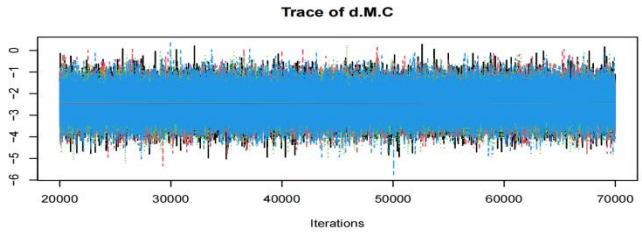
2. Pain symptom score

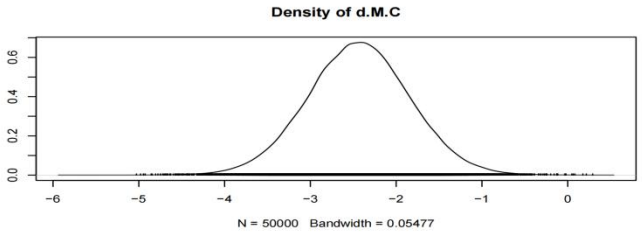


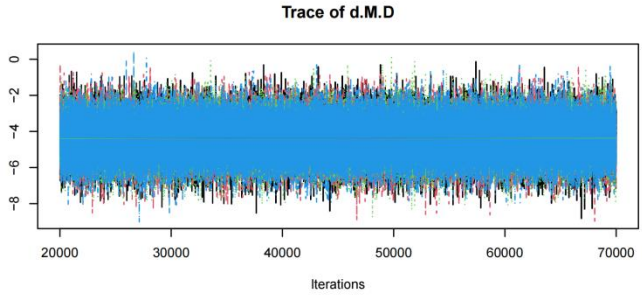


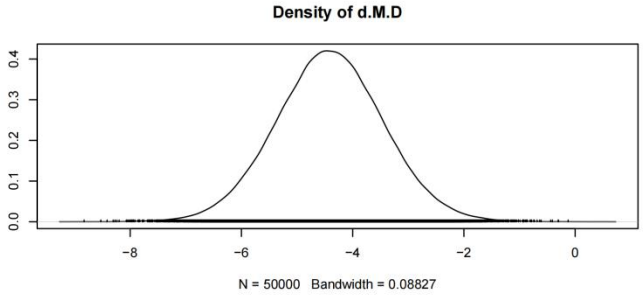


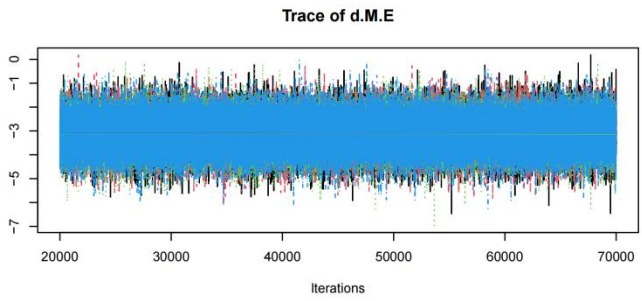


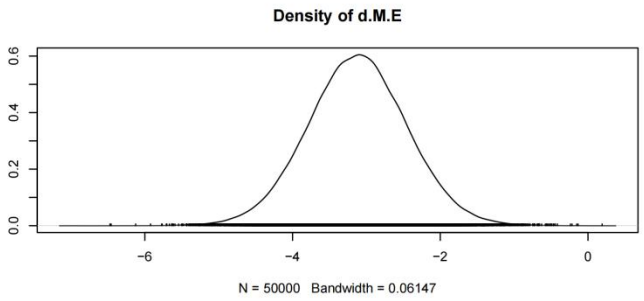


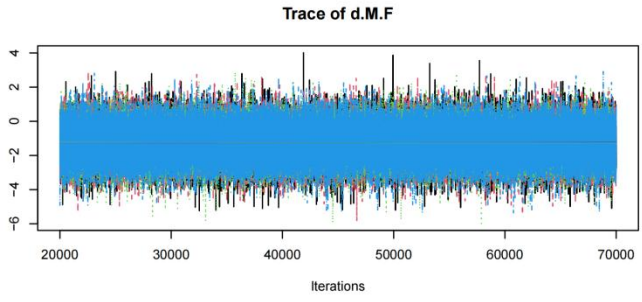


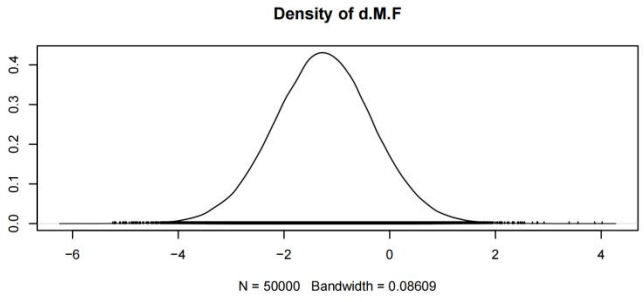


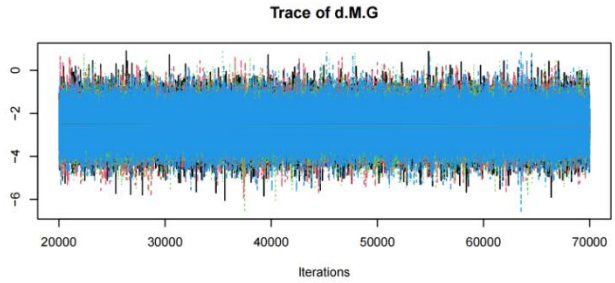


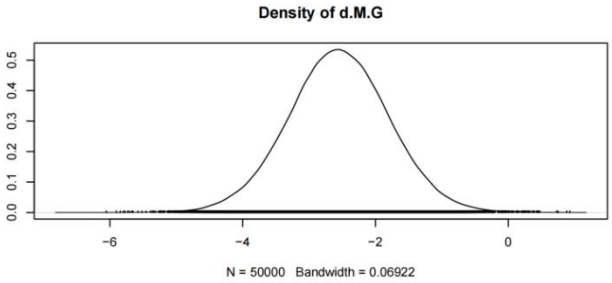









Trace of d.M.G
Iterations


Density of d.M.G
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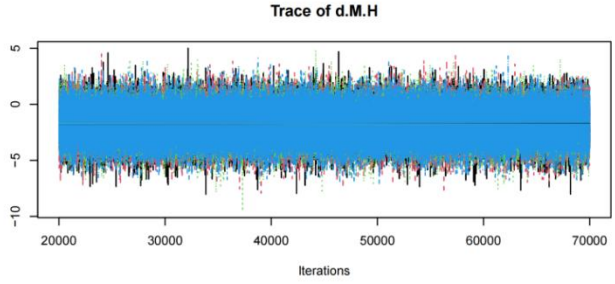
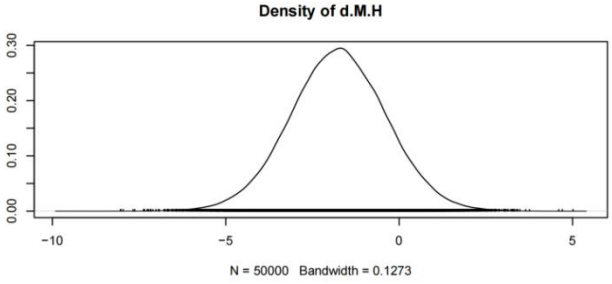

Trace of d.M.H
Iterations


Density of d.M.H
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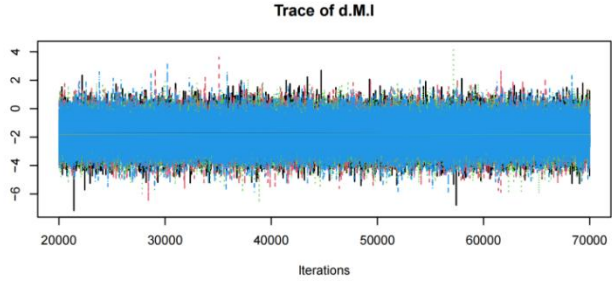
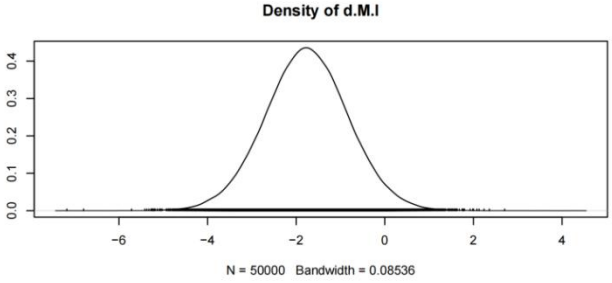
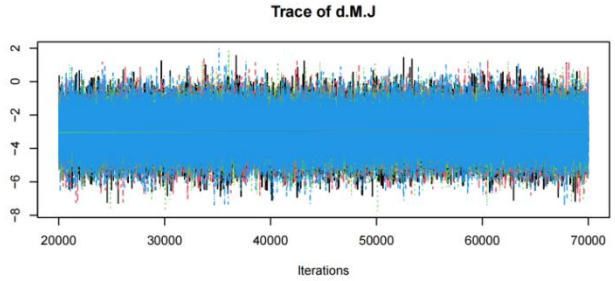
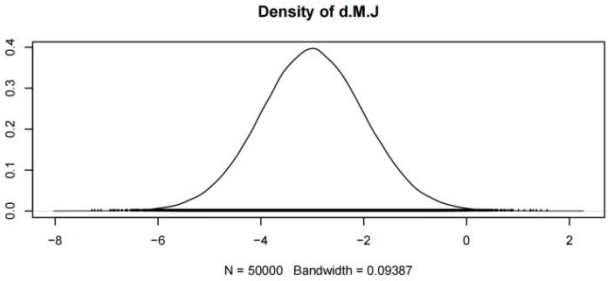
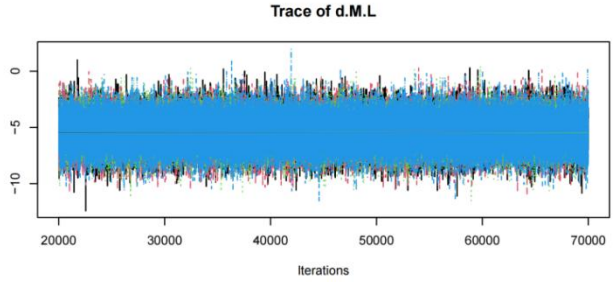
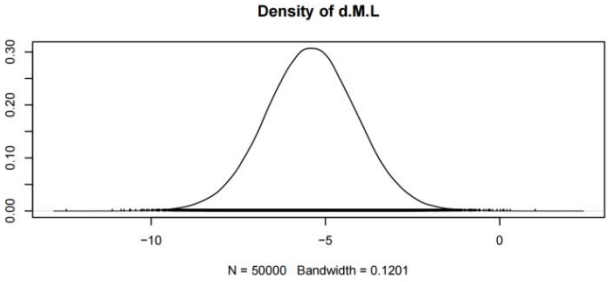

Trace of d.M.I
Iterations

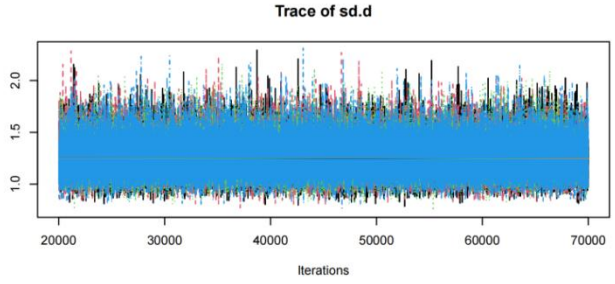

Density of d.M.I
N = 50000 Bandwidth = 0.08536

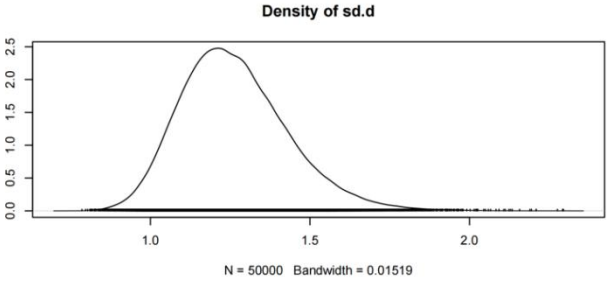

Trace of d.M.J
Iterations


Density of d.M.J
N = 50000 Bandwidth = 0.09387

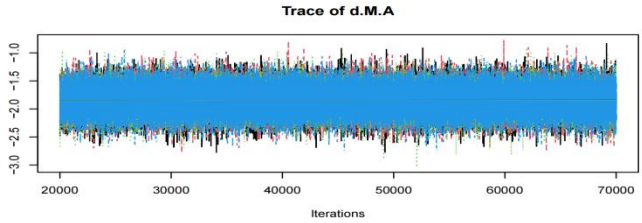

Trace of d.M.L
Iterations

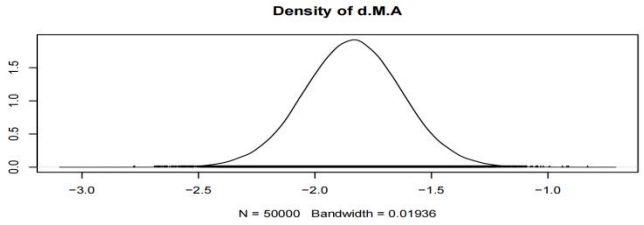

Density of d.M.L
N = 50000 Bandwidth = 0.1201

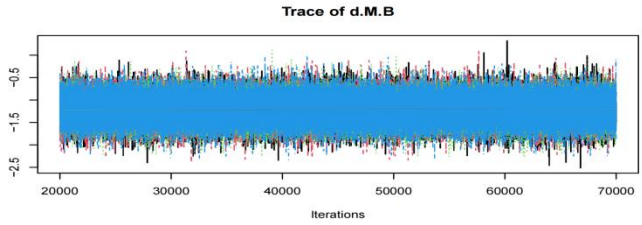

Trace of sd.d
Iterations

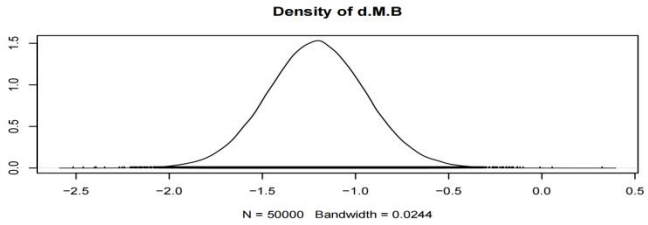

Density of sd.d
N = 50000 Bandwidth = 0.01519

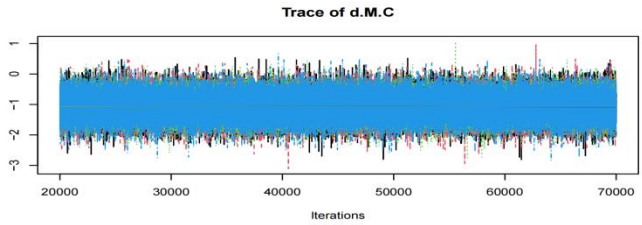
3. Urination disorder score

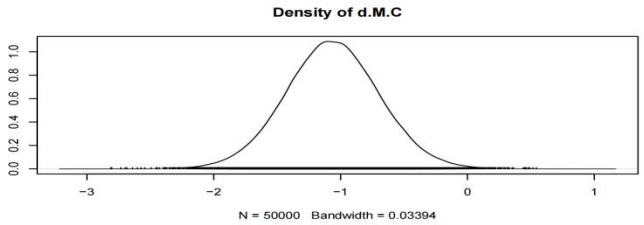


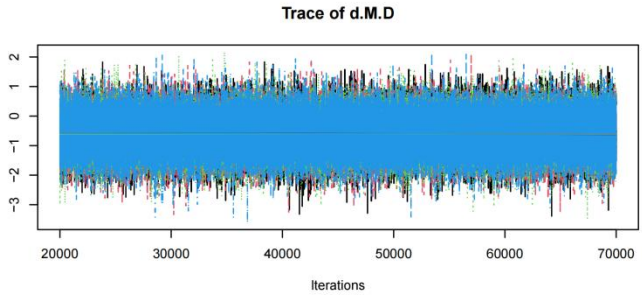


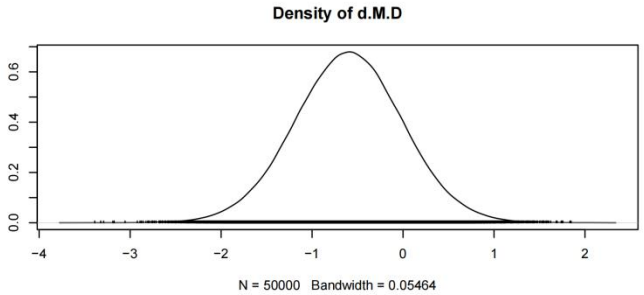


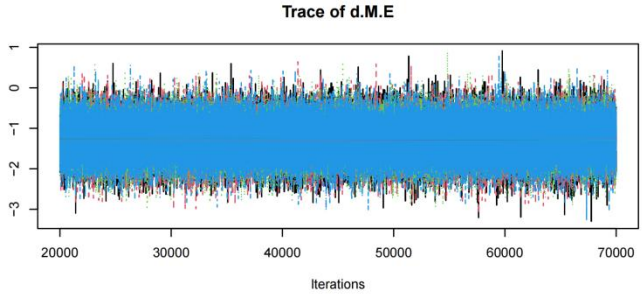


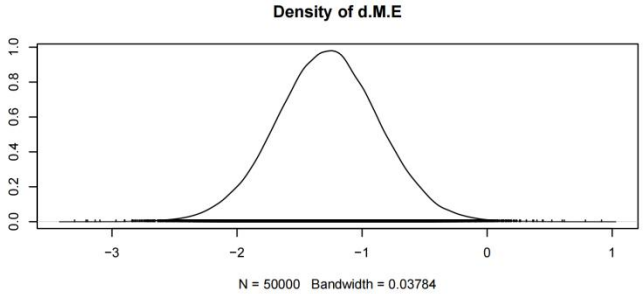


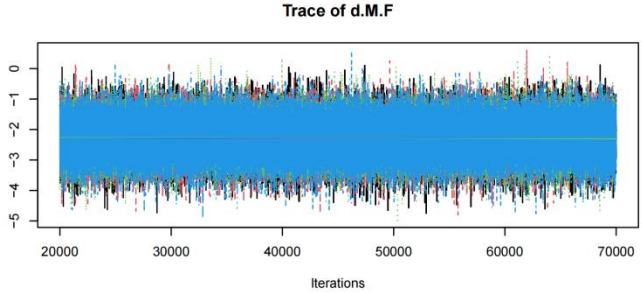


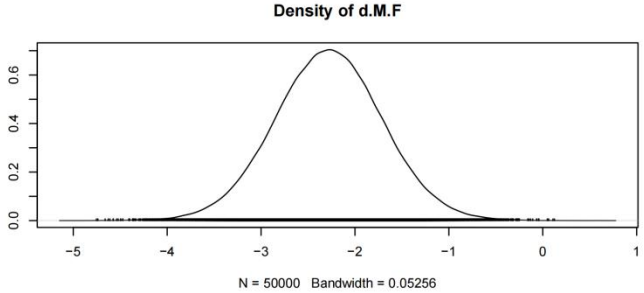


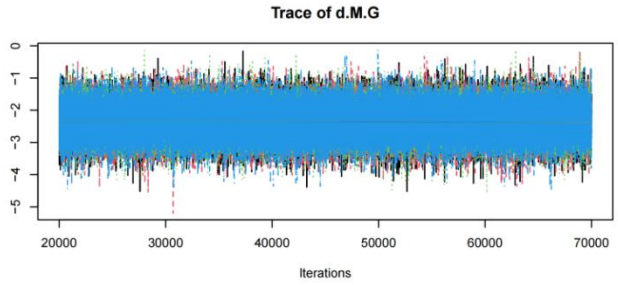


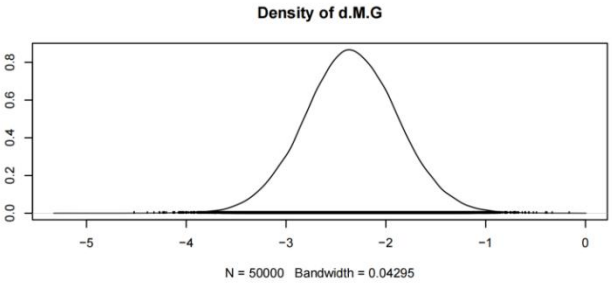









Trace of d.M.G
Iterations


Density of d.M.G
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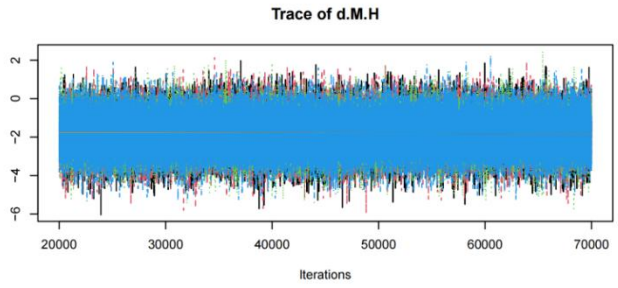
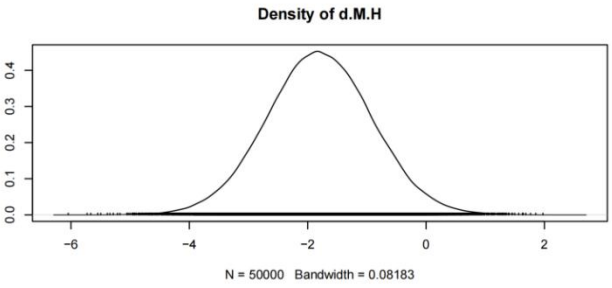

Trace of d.M.H
Iterations


Density of d.M.H
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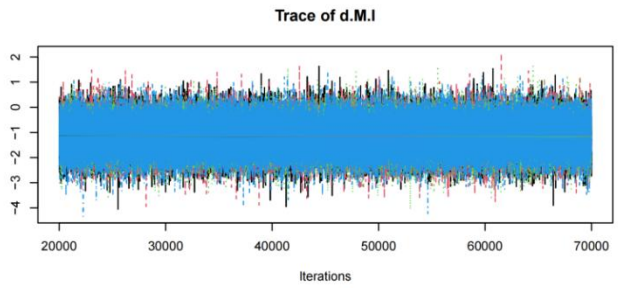
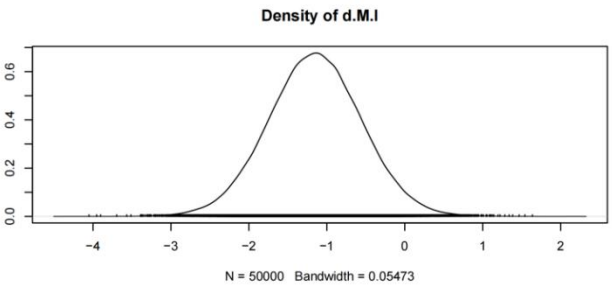

Trace of d.M.I
Iterations


Density of d.M.I
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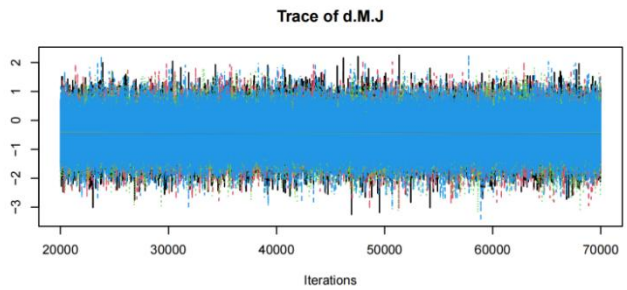
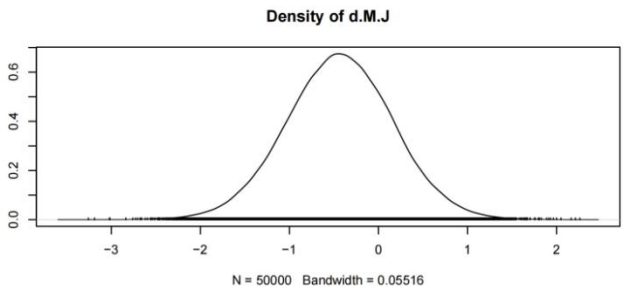
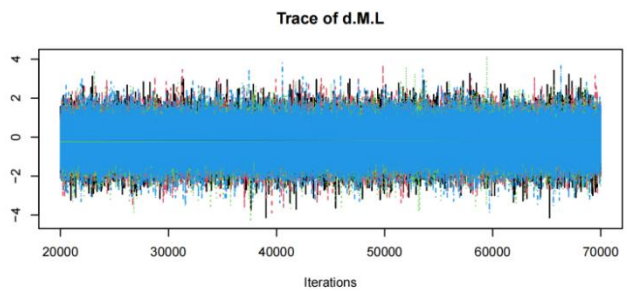
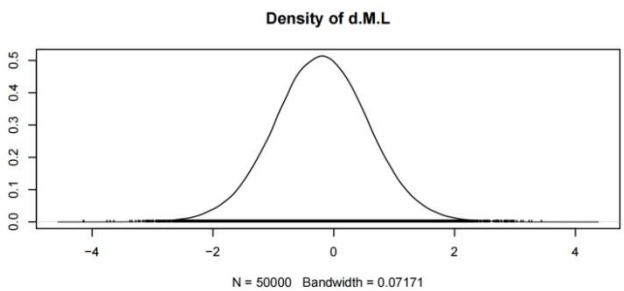

Trace of d.M.J
Iterations


Density of d.M.J
N = 50000 Bandwidth = 0.05516


Trace of d.M.L
Iterations


Density of d.M.L
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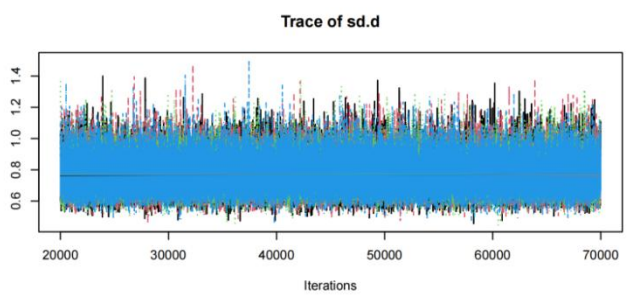
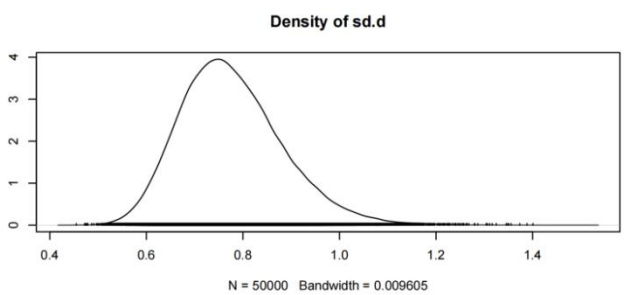
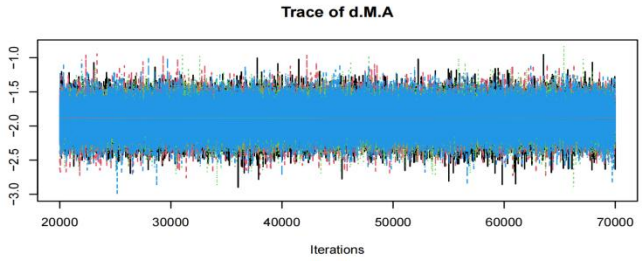
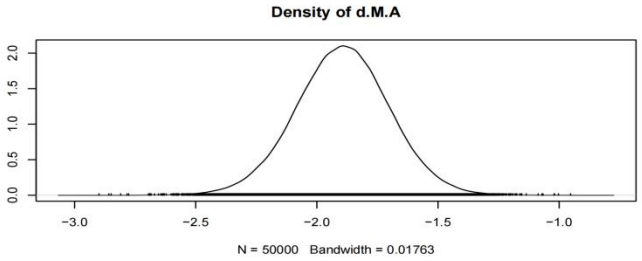
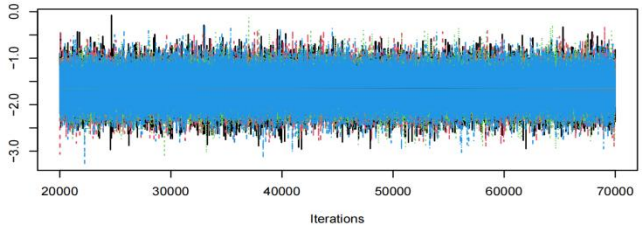

Trace of sd.d
Iterations

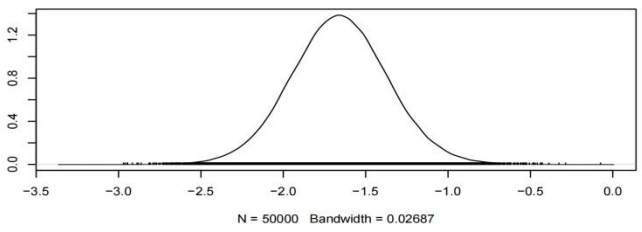

Density of sd.d
N = 50000 Bandwidth = 0.009605

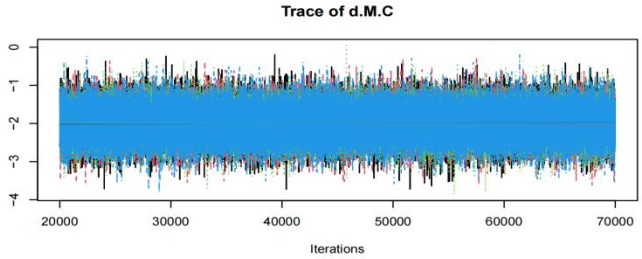
4. Quality of life score

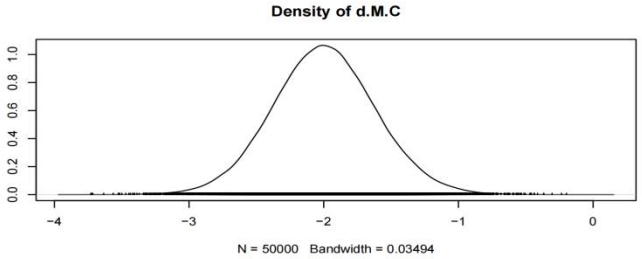


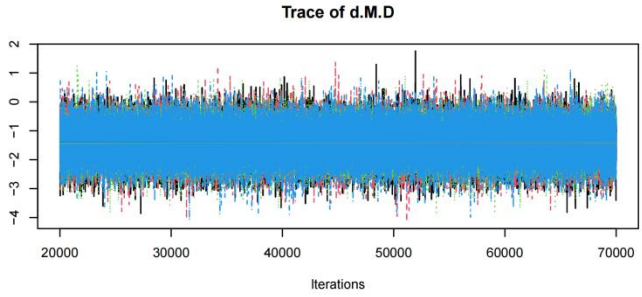


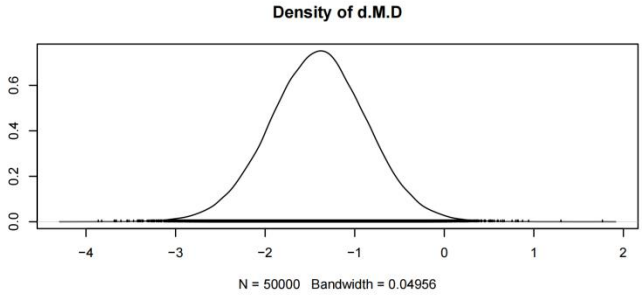


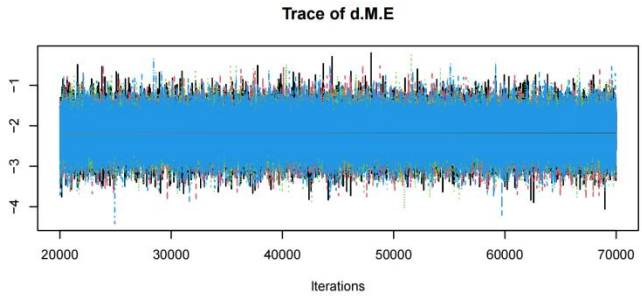


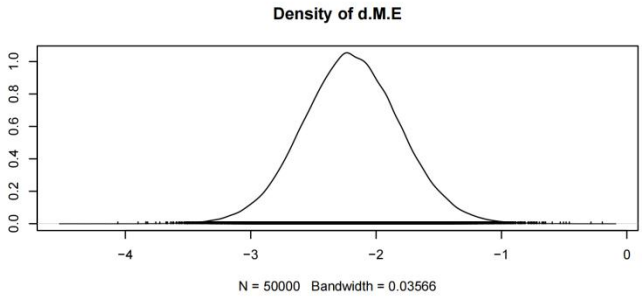


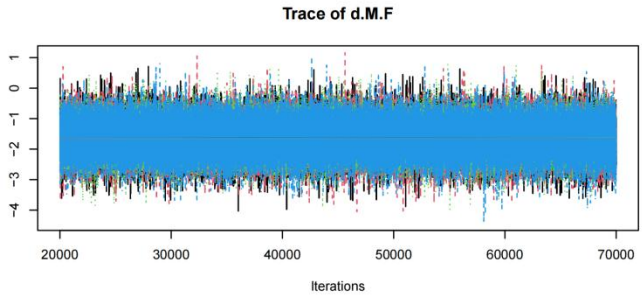


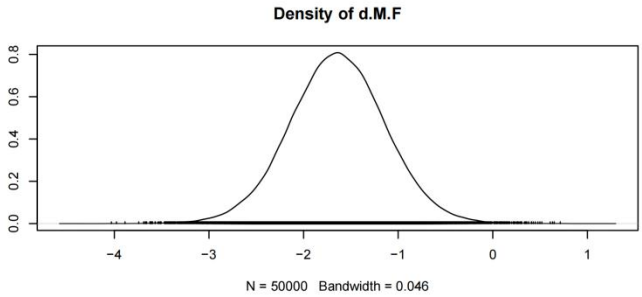


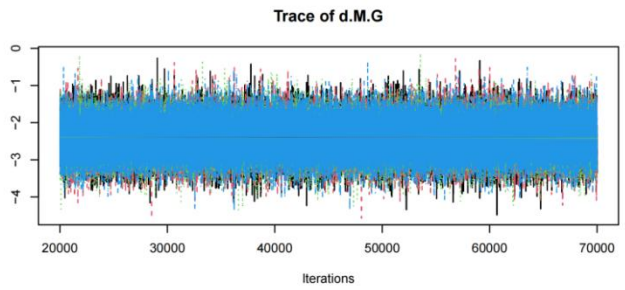


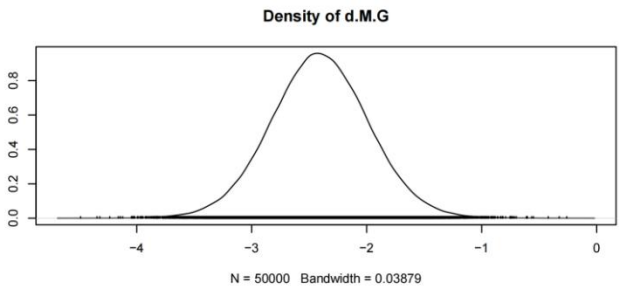









Trace of d.M.G
Iterations


Density of d.M.G
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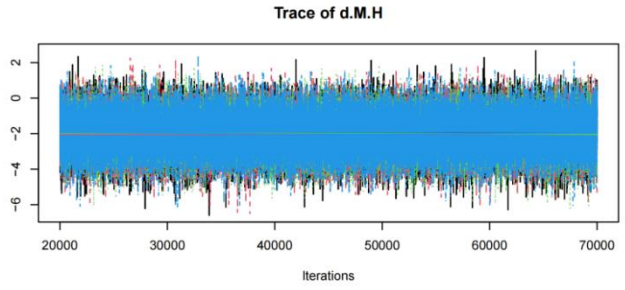
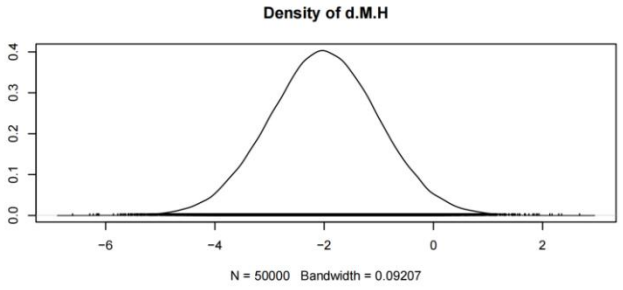

Trace of d.M.H
Iterations


Density of d.M.H
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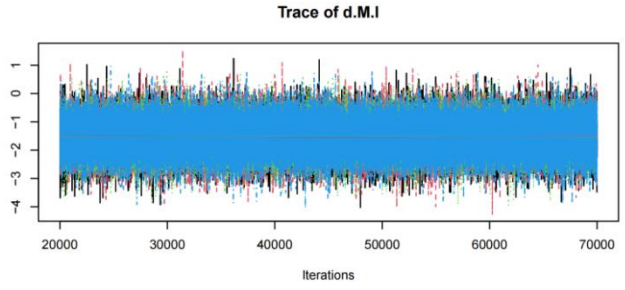
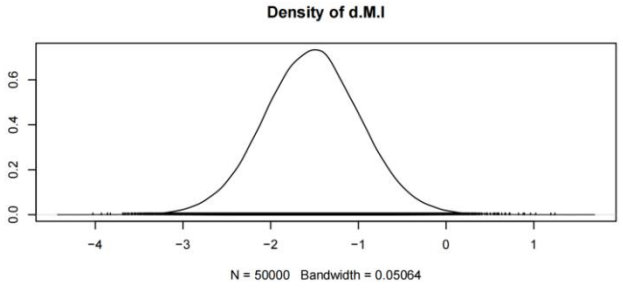

Trace of d.M.I
Iterations


Density of d.M.I
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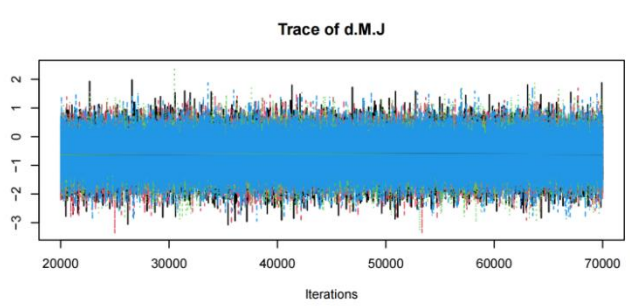
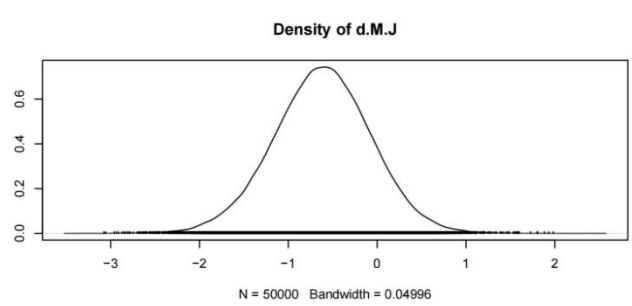
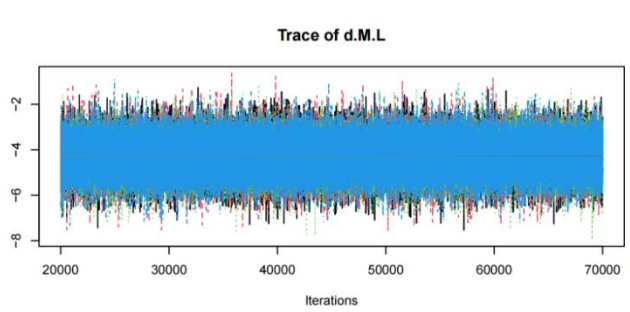
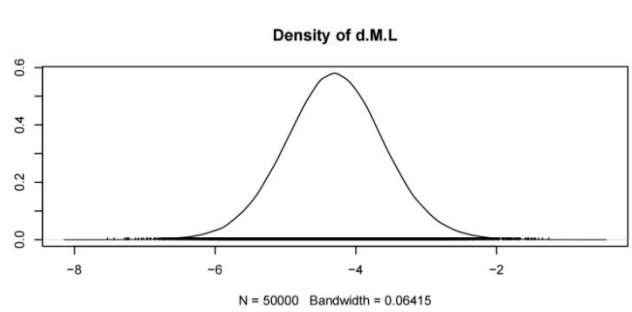
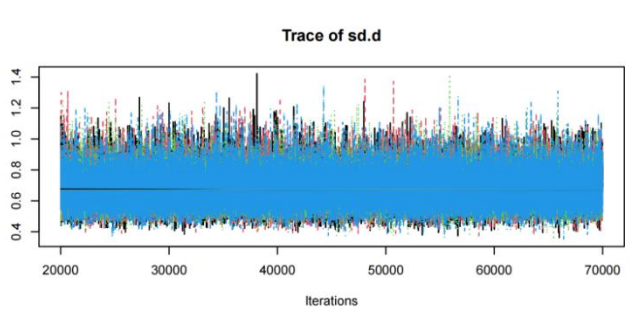
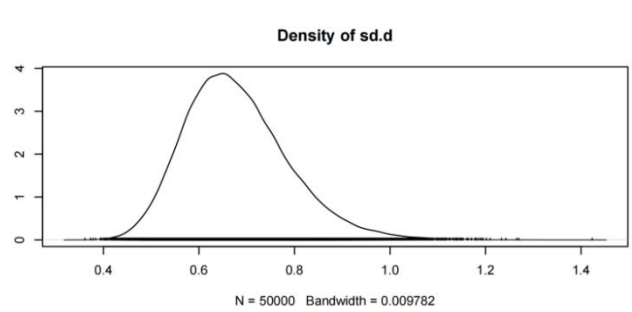

Trace of d.M.J
Iterations


Density of d.M.J
N = 50000 Bandwidth = 0.04996

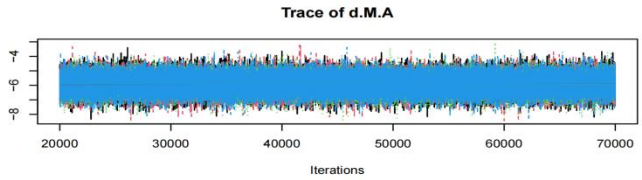

Trace of d.M.L
Iterations

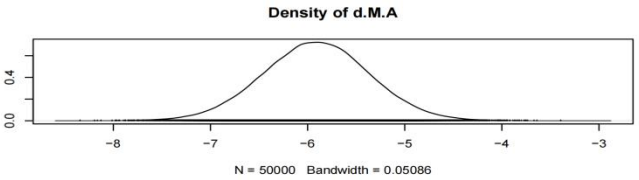

Density of d.M.L
N = 50000 Bandwidth = 0.06415

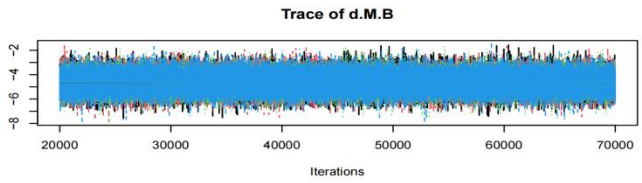

Trace of sd.d
Iterations

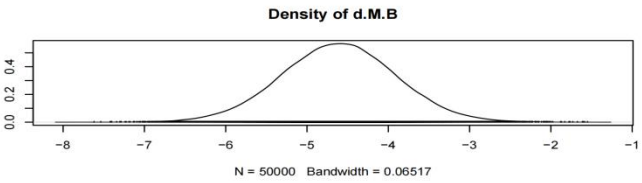

Density of sd.d
N = 50000 Bandwidth = 0.009782

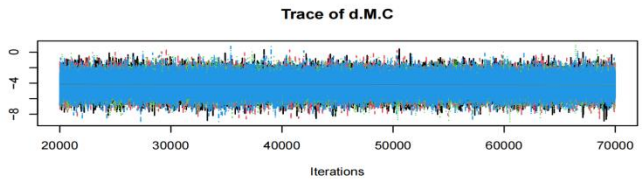
5. NIH-CPSI score

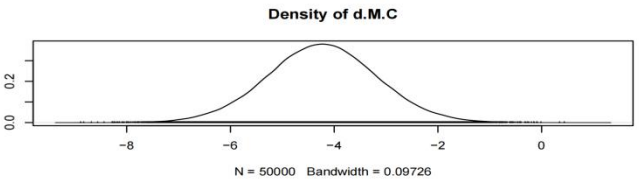


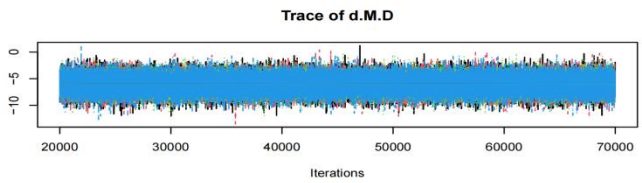


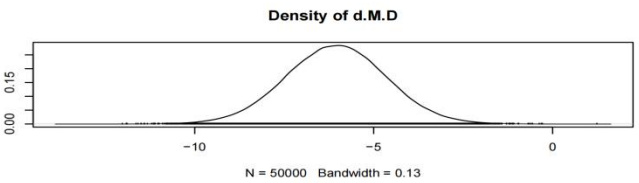


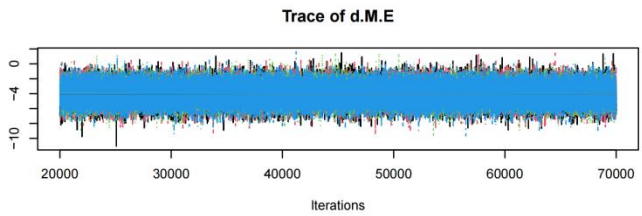


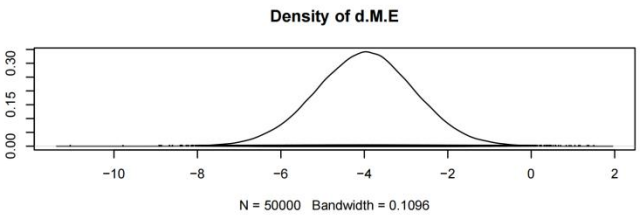


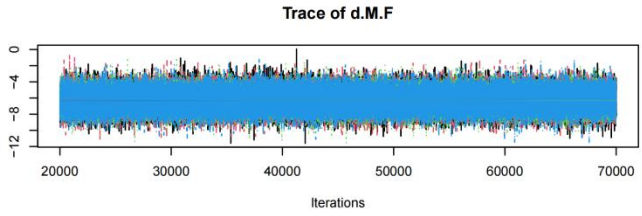


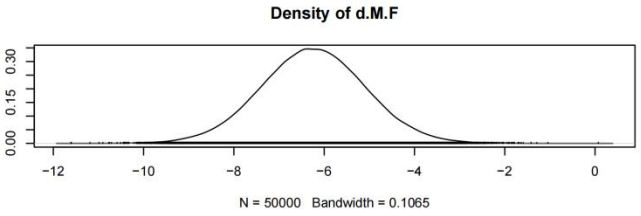


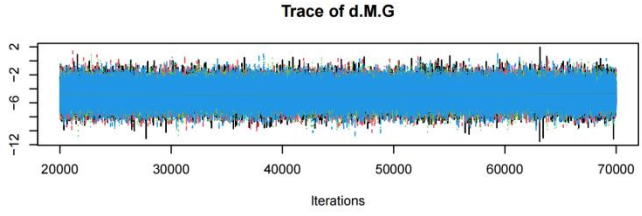


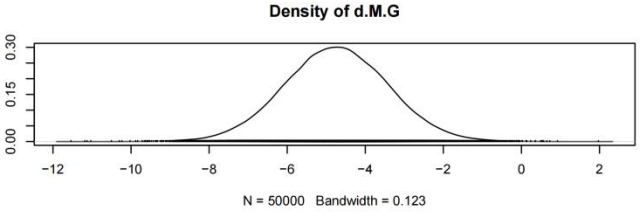


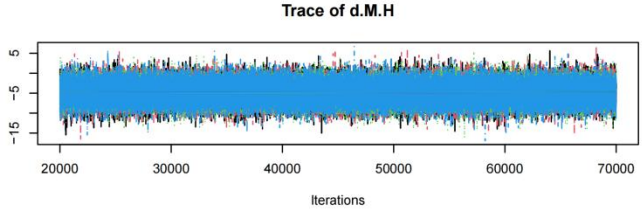


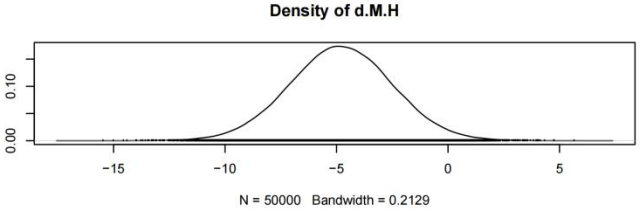


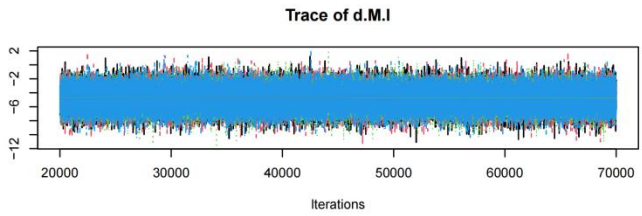


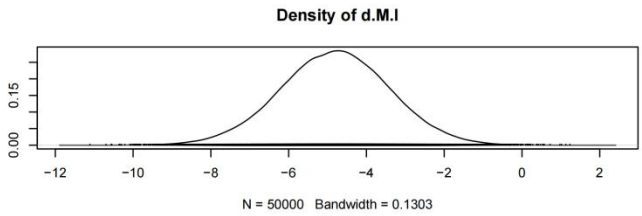


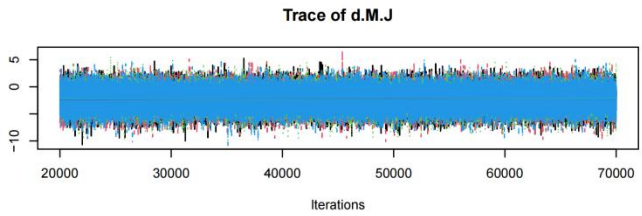


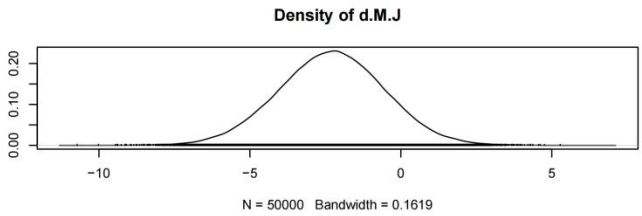


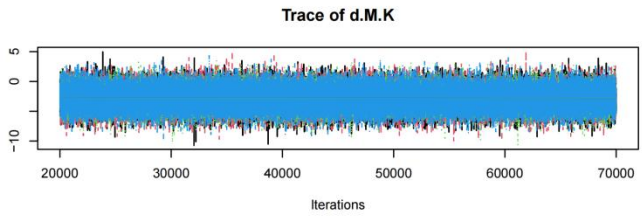


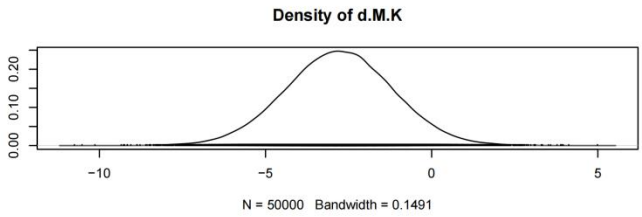

Trace of d.M.I
Iterations


Density of d.M.I
N = 50000 Bandwidth = 0.1303


Trace of d.M.J
Iterations


Density of d.M.J
N = 50000 Bandwidth = 0.1619


Trace of d.M.K
Iterations


Density of d.M.K
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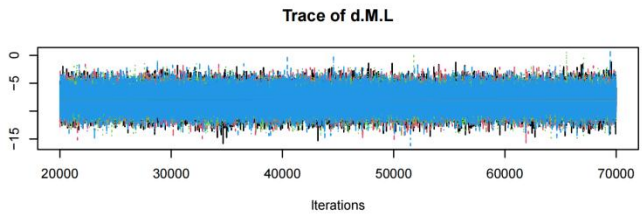
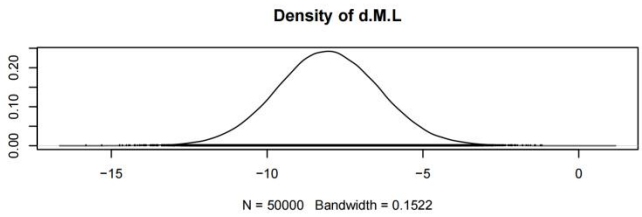

Trace of d.M.L
Iterations


Density of d.M.L
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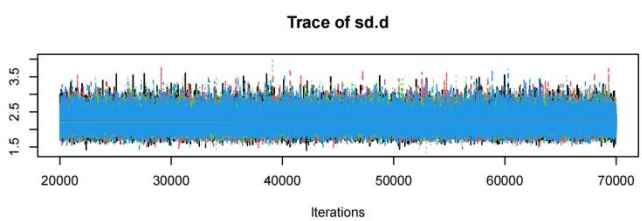
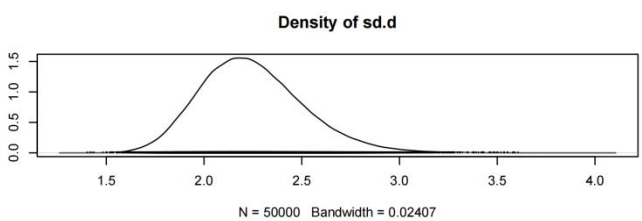
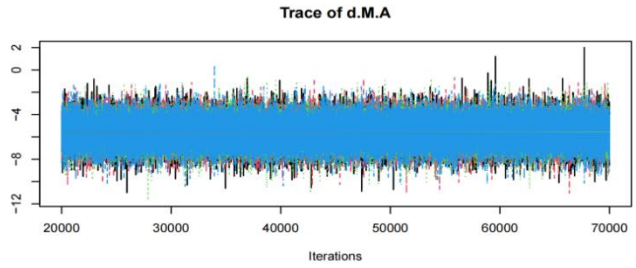
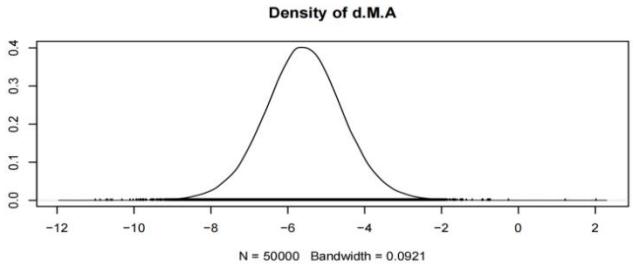
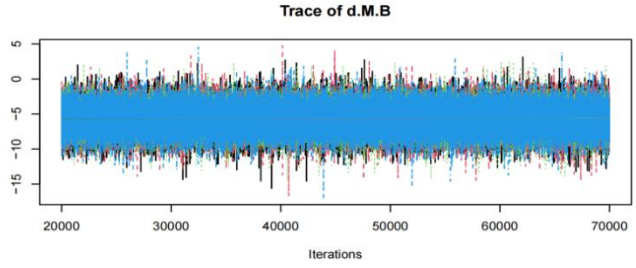

Trace of sd.d
Iterations

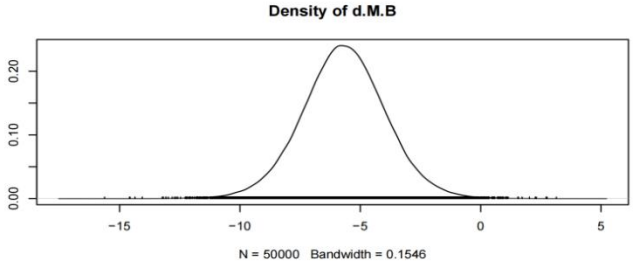

Density of sd.d
N = 50000 Bandwidth = 0.02407

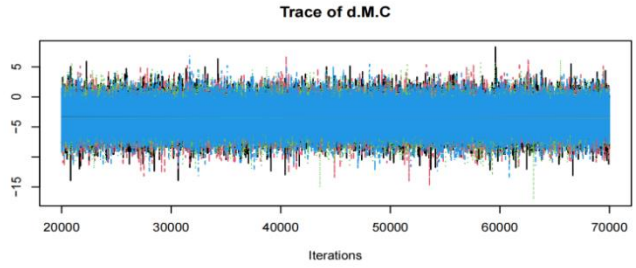
6. EPS white blood cell count

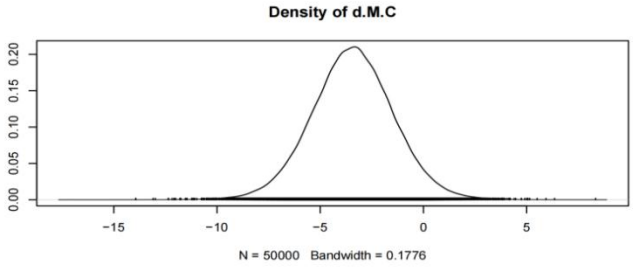


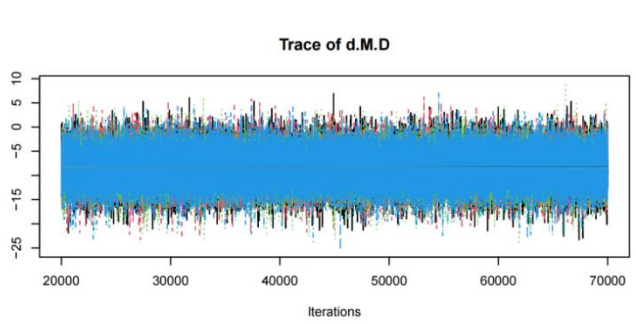


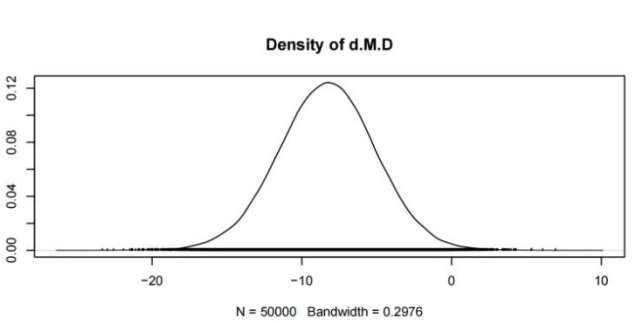


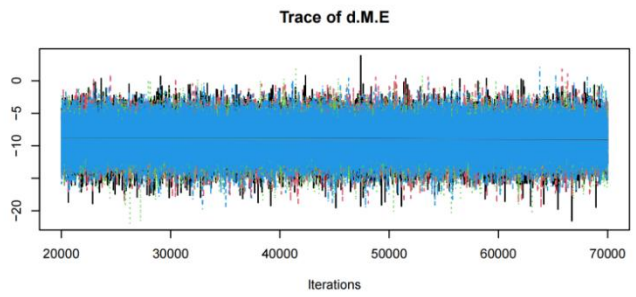


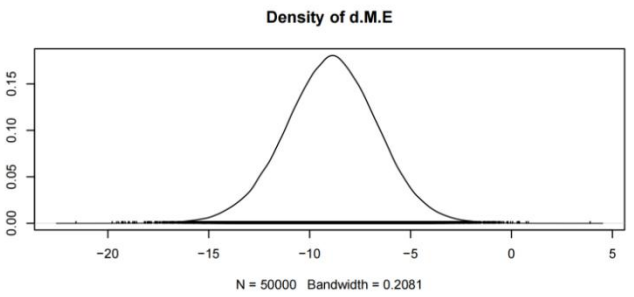


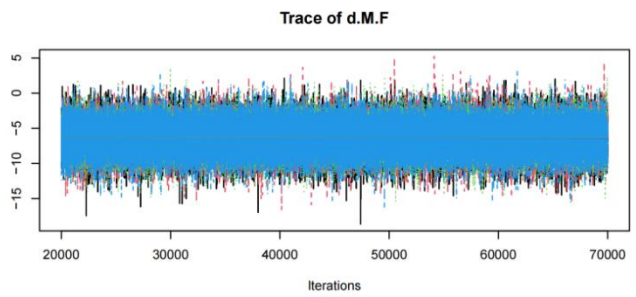


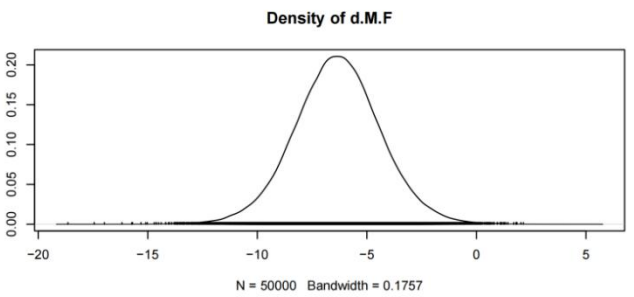


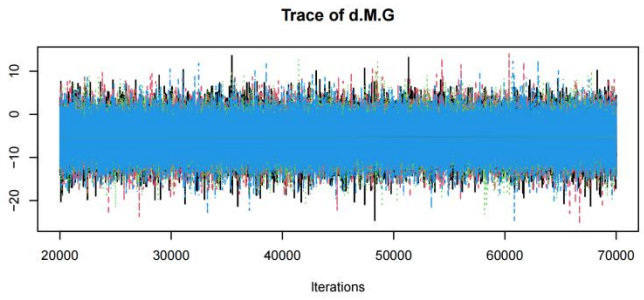


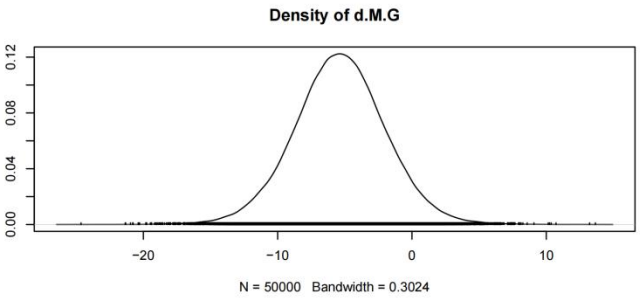









Trace of d.M.G
Iterations


Density of d.M.G
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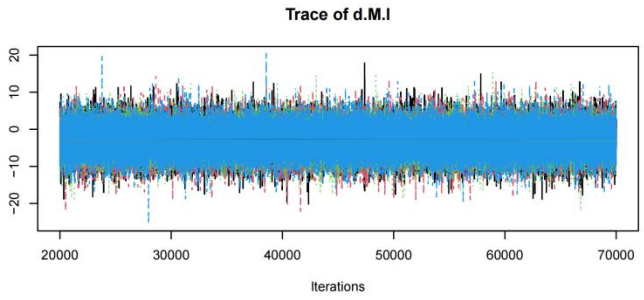
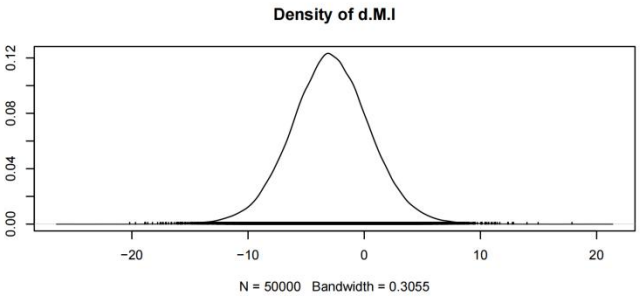
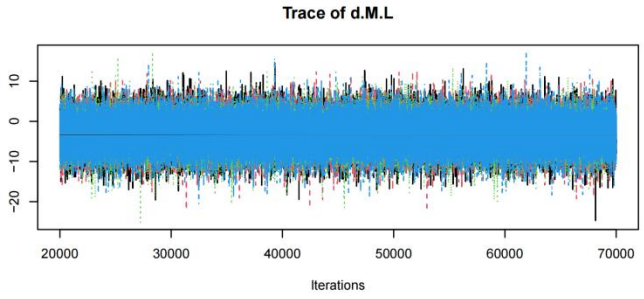
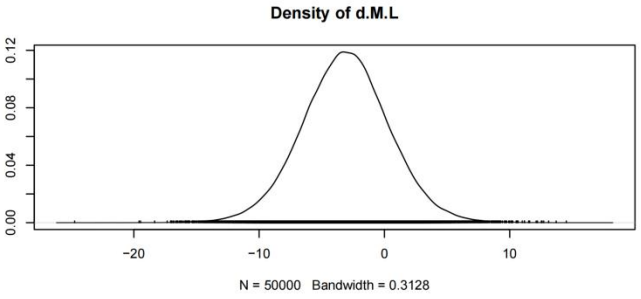

Trace of d.M.I
Iterations


Density of d.M.I
N = 50000 Bandwidth = 0.3055


Trace of d.M.L
Iterations


Density of d.M.L
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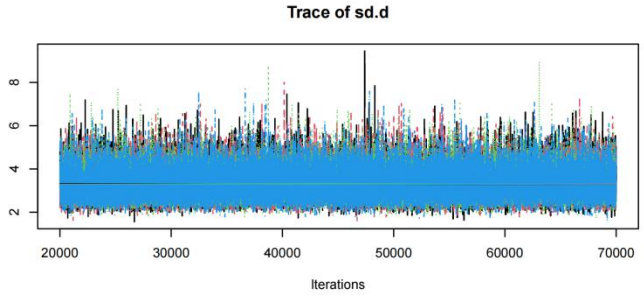
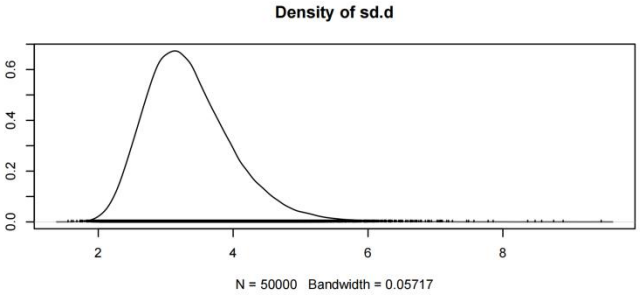
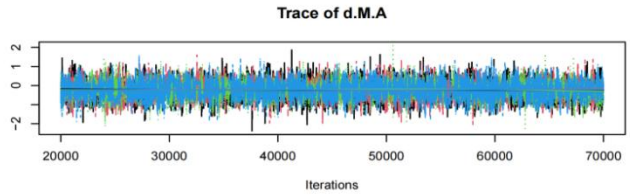
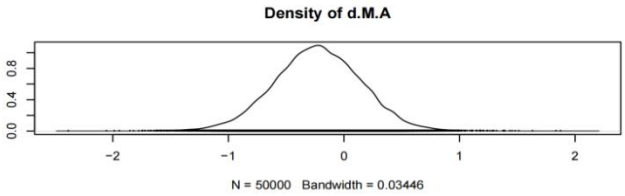
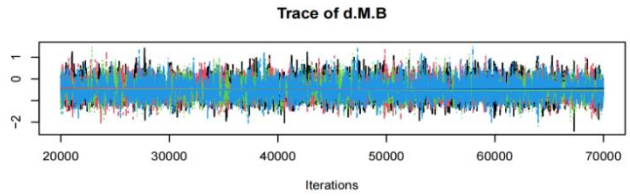

Trace of sd.d
Iterations

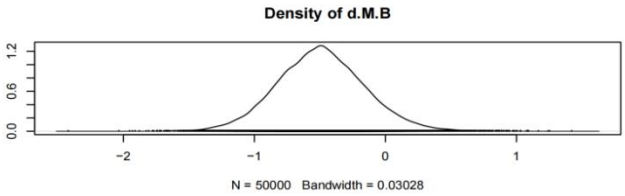

Density of sd.d
N = 50000 Bandwidth = 0.05717

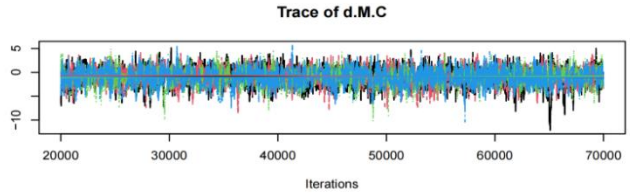
7. Adverse events

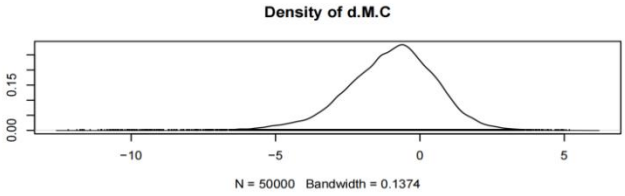


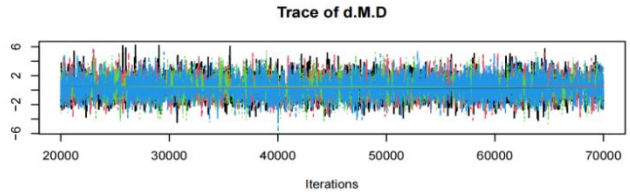


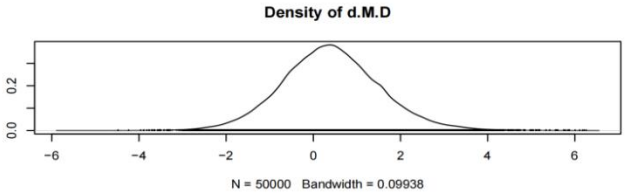


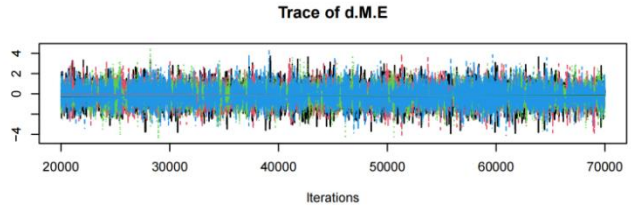


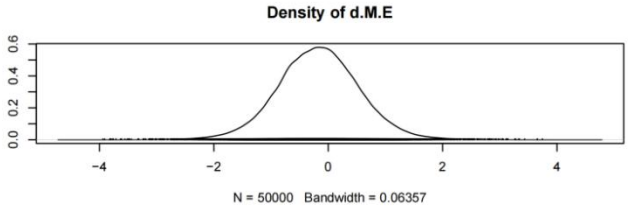


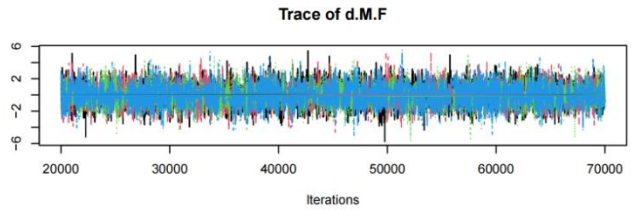


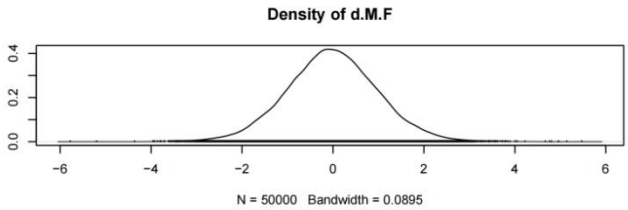


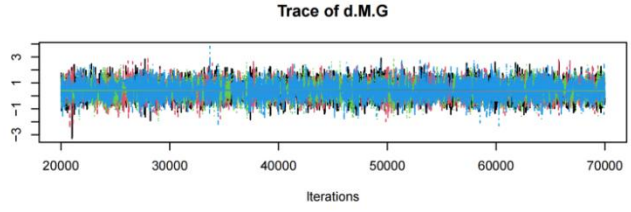


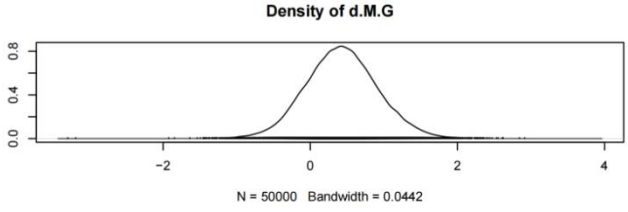


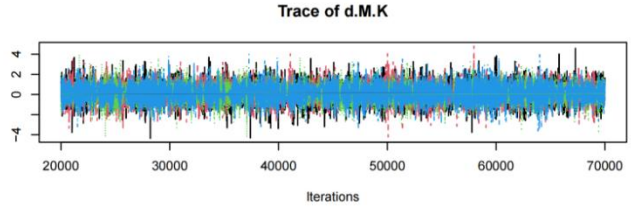


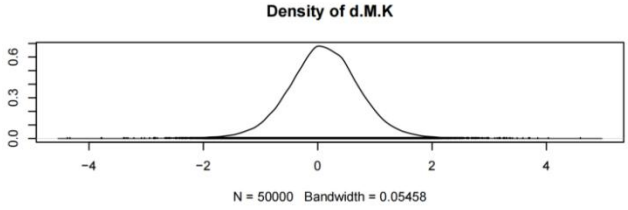






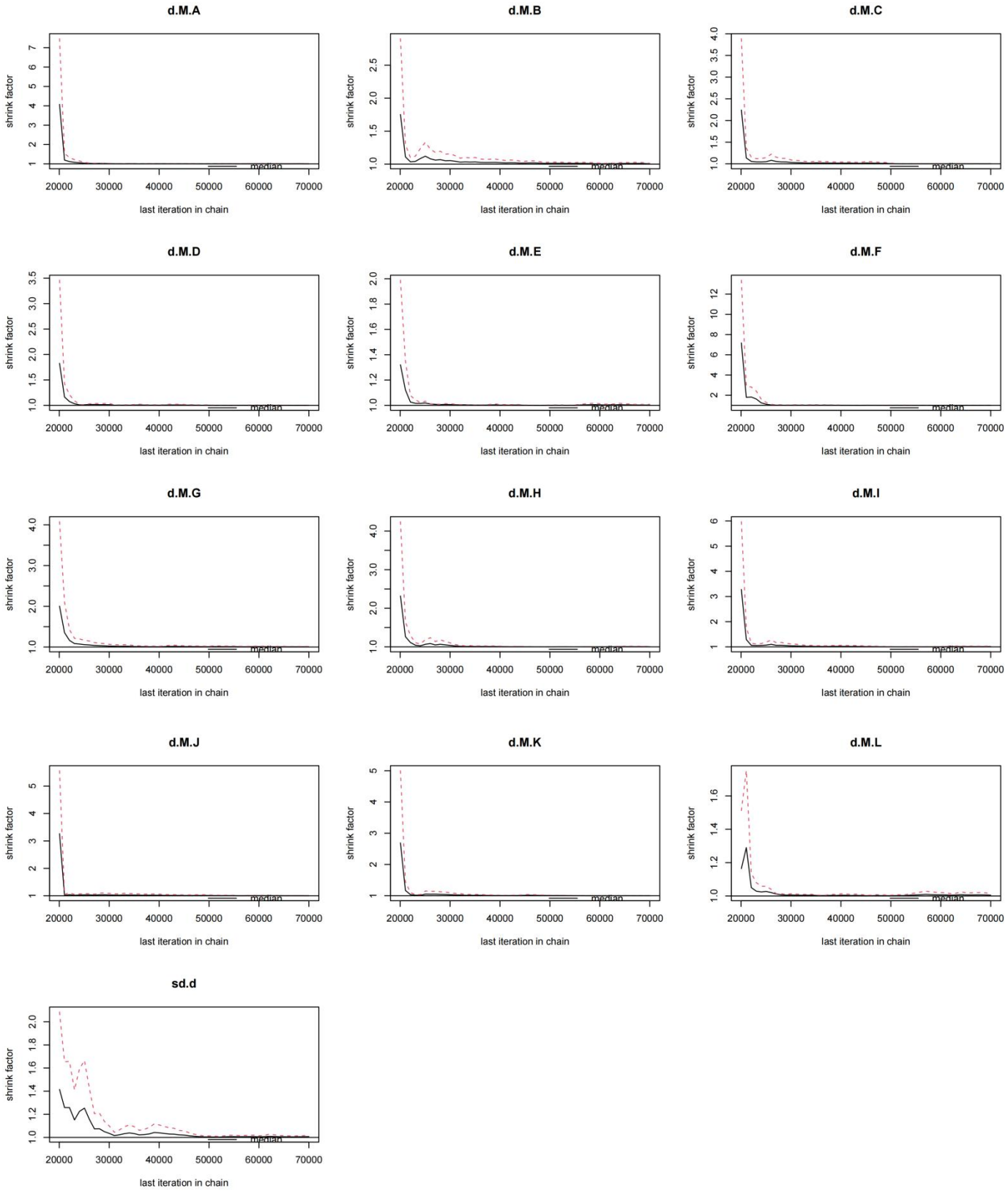




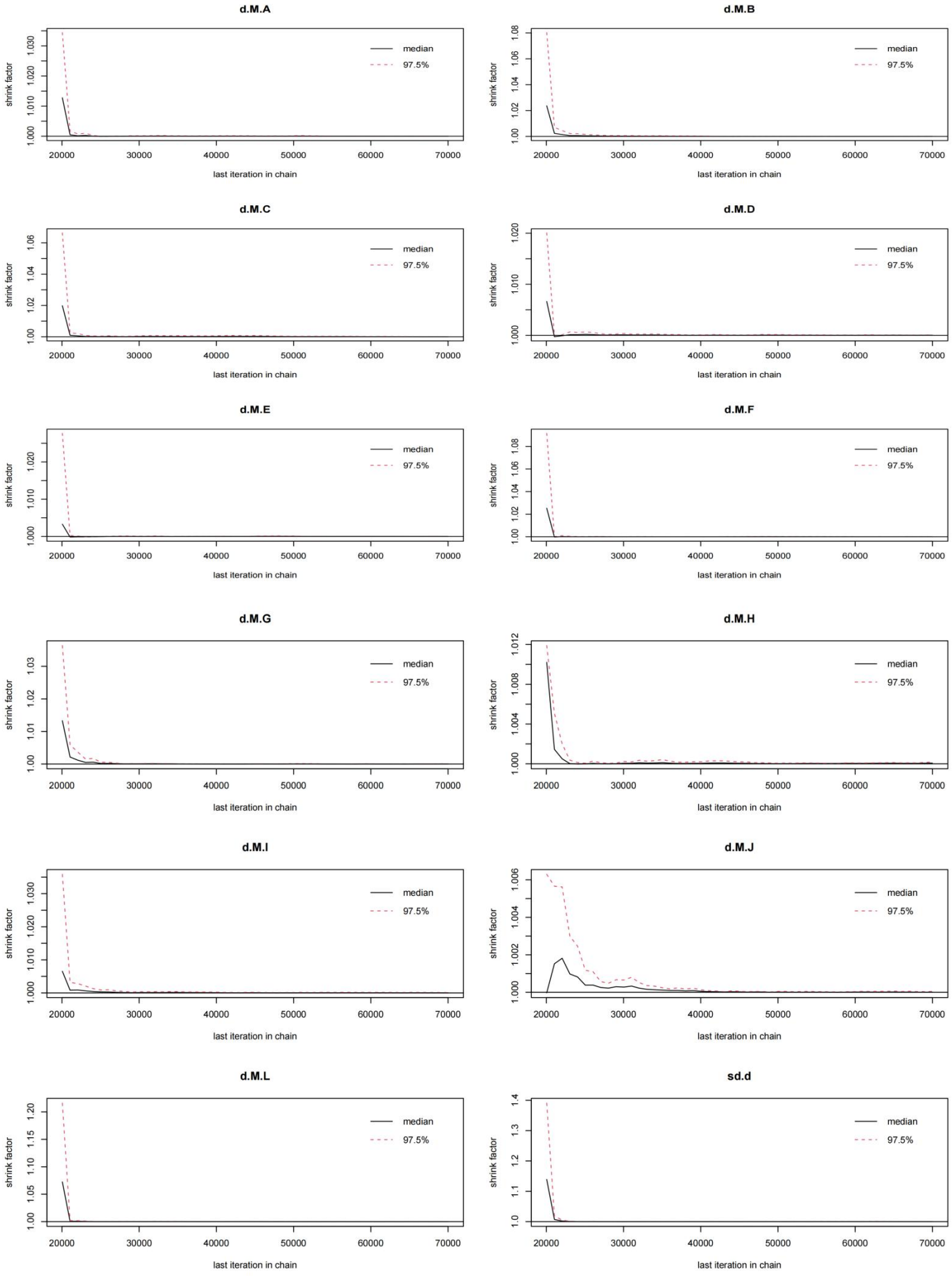


Appendix 7: **Convergence Diagnostic Plot of comparisons of each outcome**

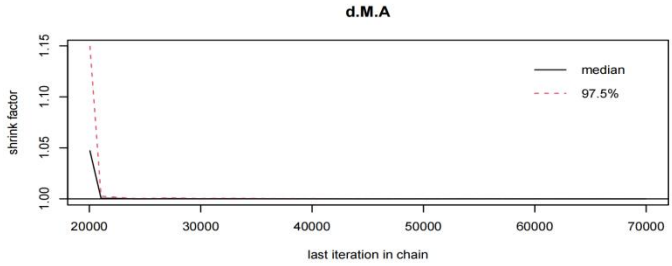
1. Total effective rate

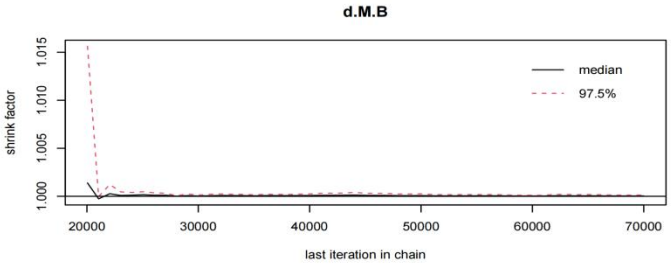


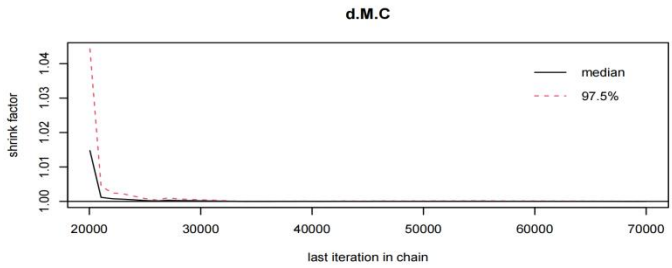
2. Pain symptom score

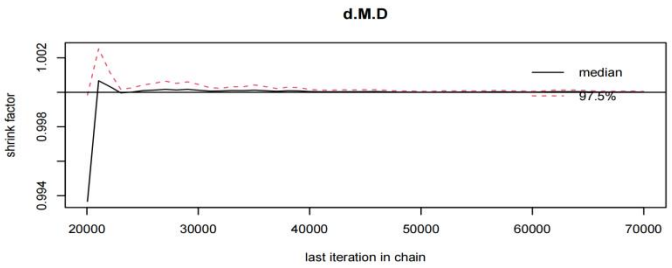


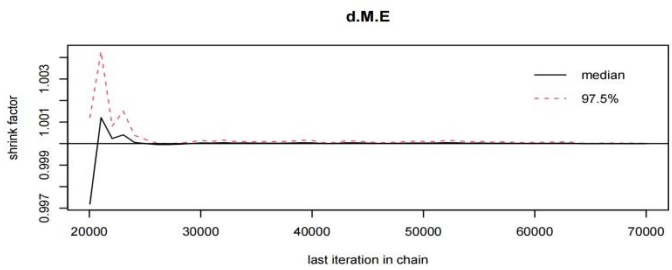
3. Urination disorder score

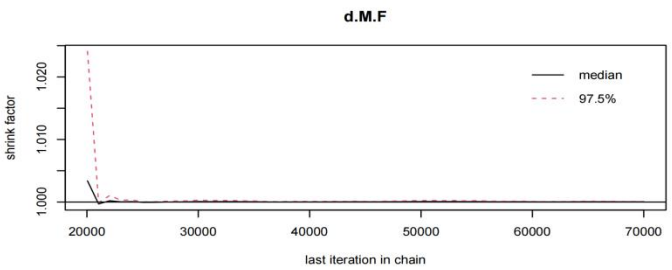


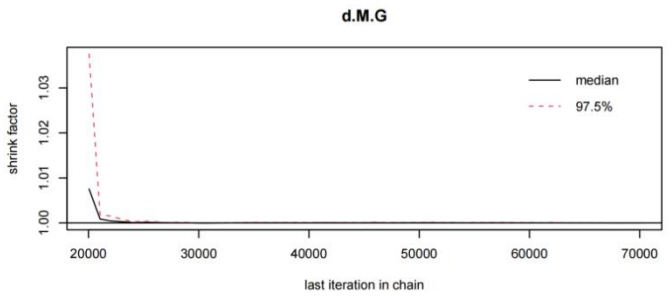


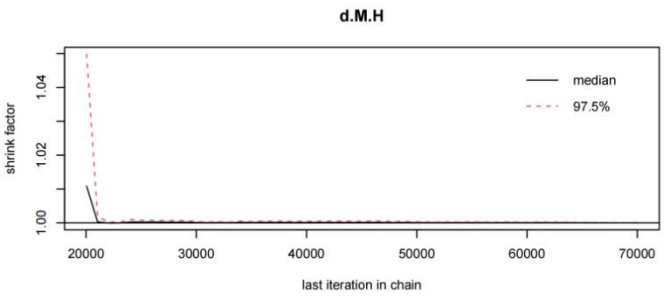


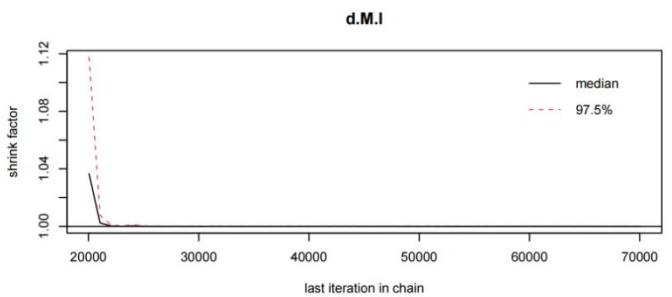


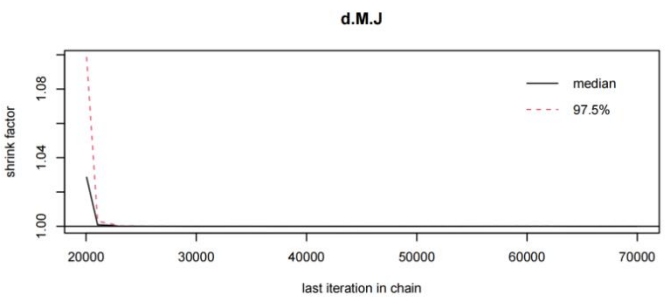


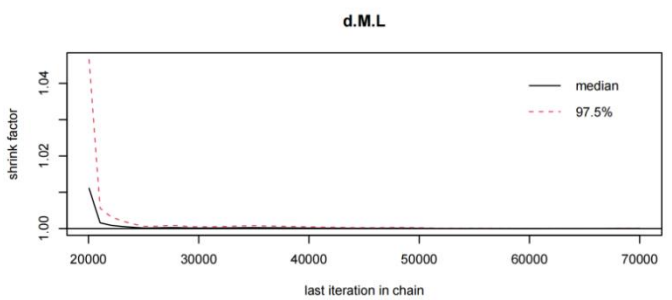


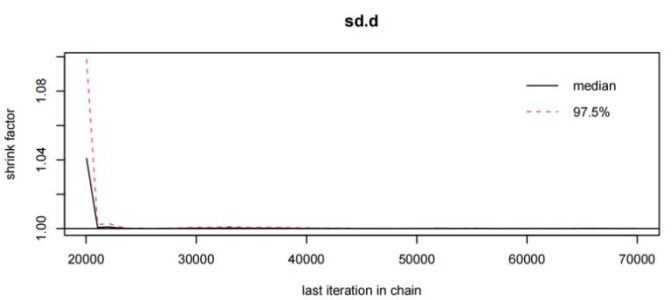




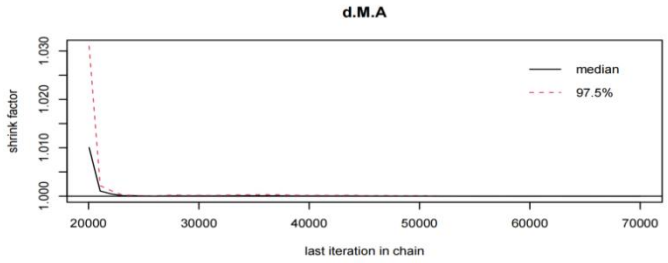


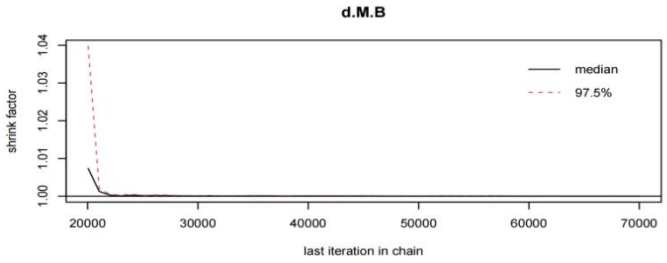


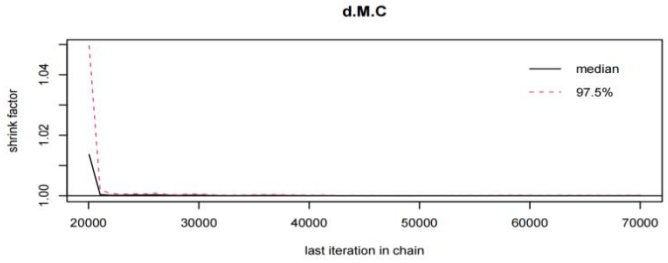


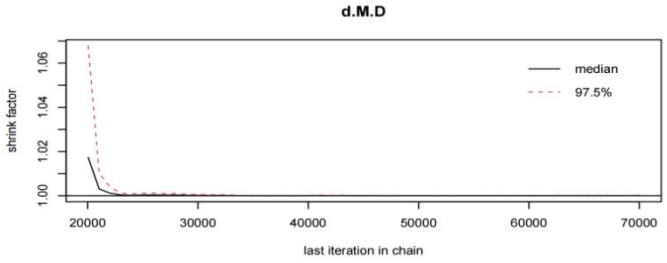


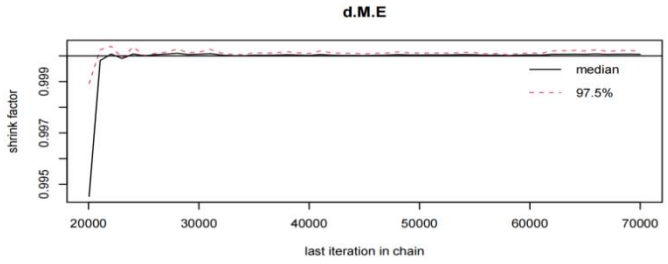
4. Quality of life score

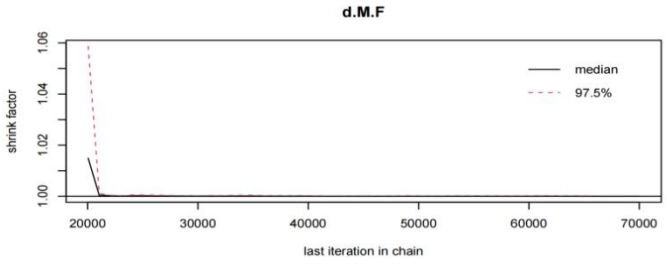


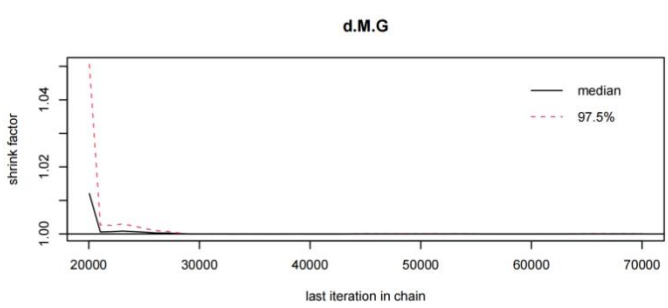


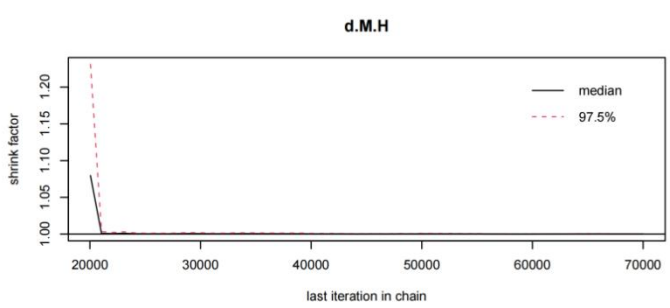


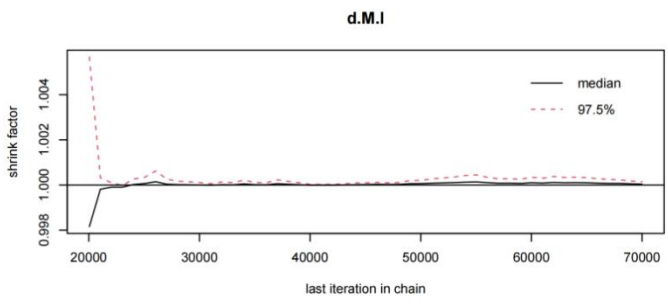


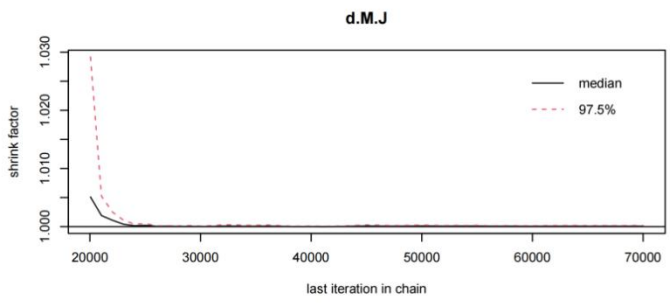


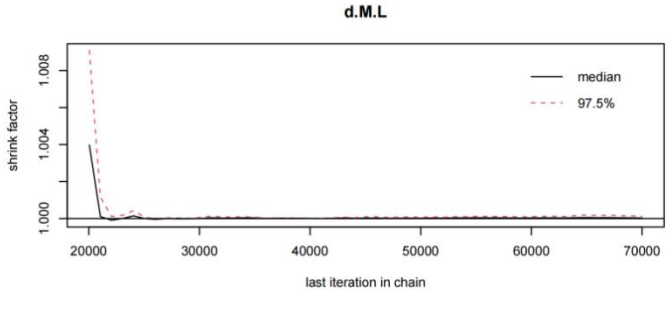


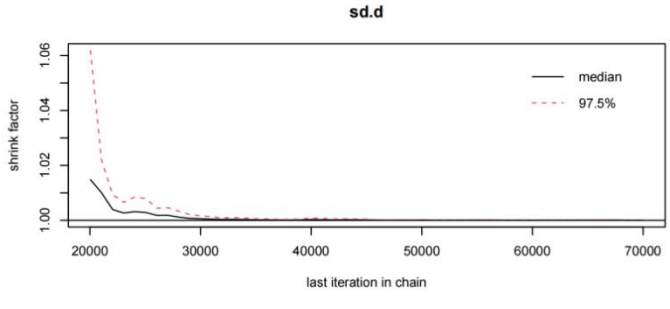




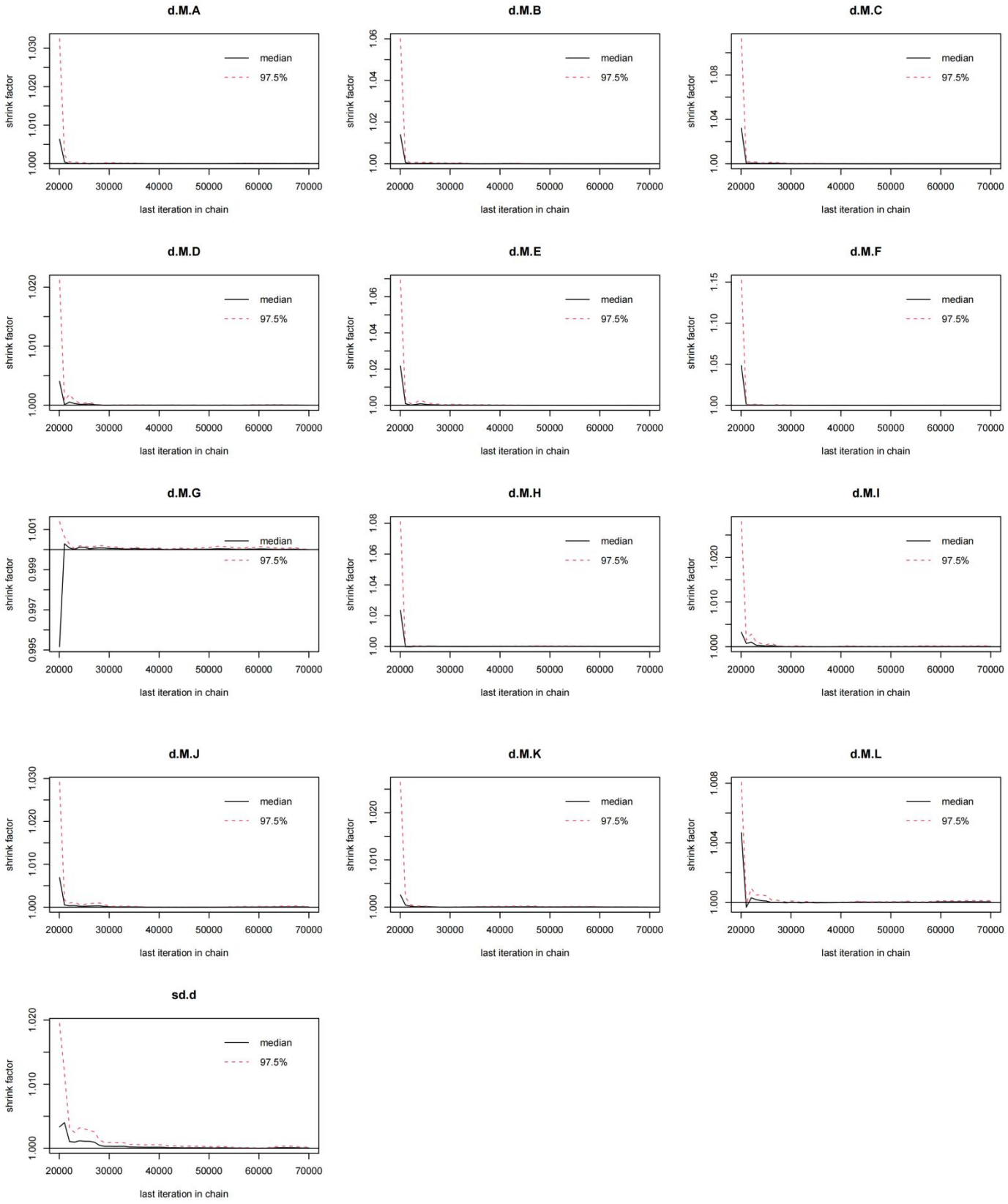




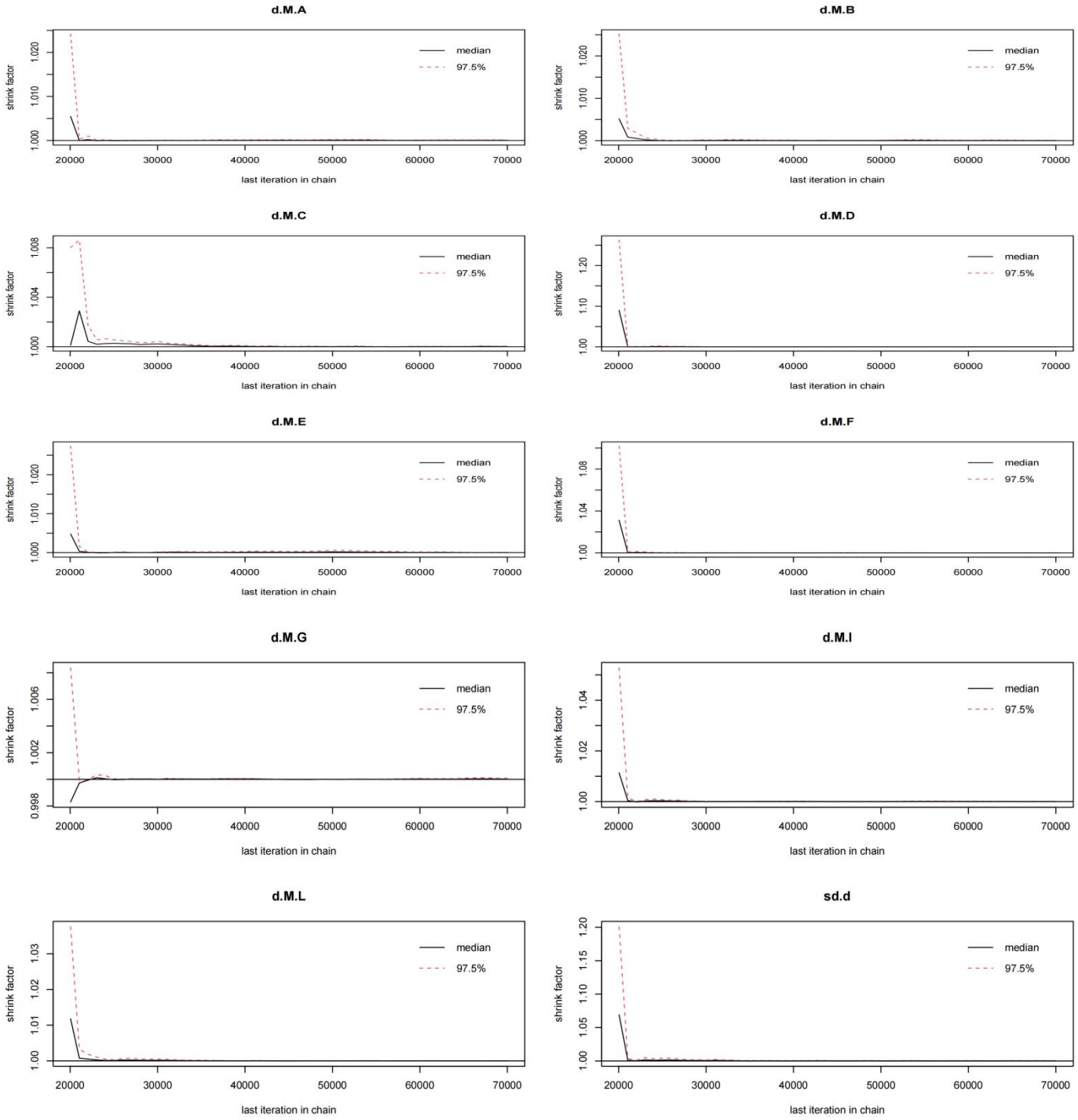




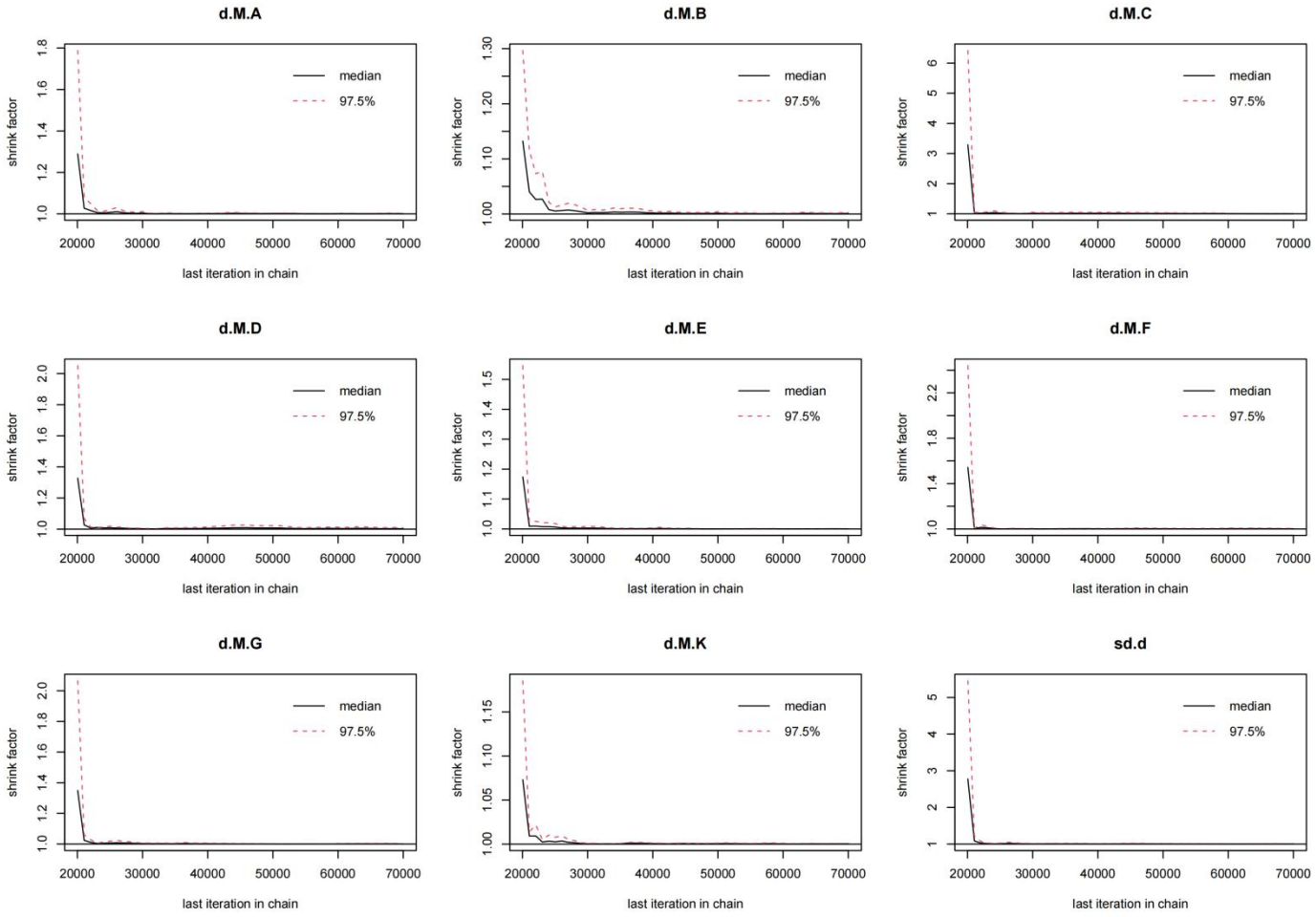
5. NIH-CPSI score



6. EPS white blood cell count



7. Adverse events

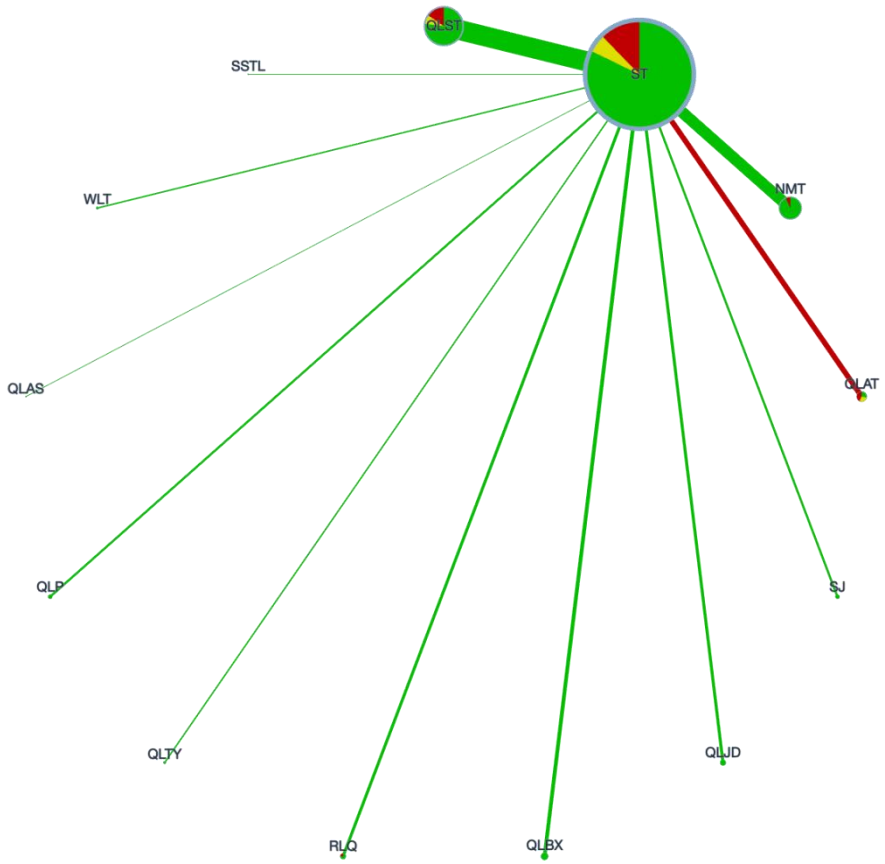


Appendix 8: CINeMA Assessment

We use the CINeMA framework to evidence certainty, assessing it for each network estimate based on the following criteria:

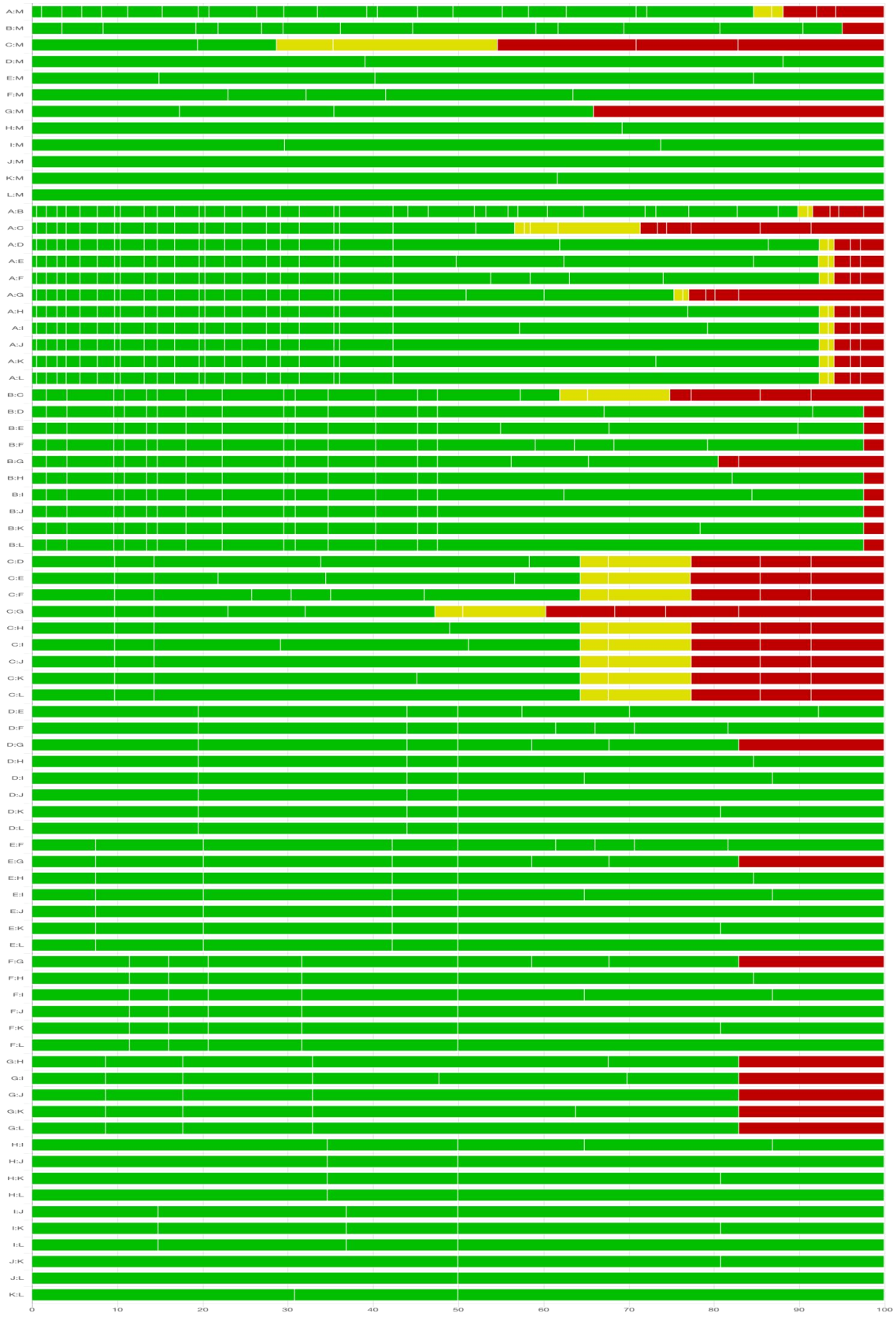
- Within study bias: We classified the overall risk of bias for each study as low risk of bias, the risk of bias as moderate when none of the four assessed risk of bias items were rated as high risk, and the risk of bias as high when one or both items were rated as high risk. See **Appendix 4** for the bias assessment. The risk of bias for a pairwise comparison of each drug is shown in **figure S1-2.**
- **Reporting bias:** We judged it visually by a funnel plot **(Appendix 9)**.
- **Indirectness:** Transferability assumptions were assessed by reporting the baseline duration and follow-up in the included study population and by comparing age at baseline concordance between groups.
- **Imprecision:** We use the CINeMA website to grade the accuracy of each comparison.
- **Heterogeneity:** We assessed the degree of worry by comparing clinical reasoning based on 95% confidence intervals (CIs) while applying the same clinical reasoning framework as for inaccuracy. In particular, we judged the consistency of our findings based on the confidence and prediction intervals associated with clinically important effect sizes. And we used the same thresholds of clinical significance as described above and followed the recommendations automatically provided by CINeMA (https://cinema.ispm.unibe.ch/).

Figure S1: Risk of bias contribution by intervention group in **total effective rate**



Abbreviation: QLST: Qianlie Shutong Capsules; NMT: Ningmitai Capsules; QLAT: Qianlie Antong Tablets/Capsules; SJ: Sanjin Tablets; QLJD: Qianlie Jiedu Capsules; QLBX: Qianlie Beixi Capsules; RLQ: Relinqing Granules; QLTY: Qianlie Tongyu Capsules; QLP: Qianlieping Capsules; QLAS: Qianlie Anshuan Tablets; WLT: Wenglitong Capsules; SSTL: Shuangshi Tonglin Capsules; ST: Standard treatment.

Figure S2: Overall risk of bias by treatment comparison in **total effective rate**



Abbreviation: A: Qianlie Shutong Capsules; B: Ningmitai Capsules; C: Qianlie Antong Tablets/Capsules; D: Sanjin Tablets; E: Qianlie Jiedu Capsules; F: Qianlie Beixi Capsules; G: Relinqing Granules; H: Qianlie Tongyu Capsules; I: Qianlieping Capsules; J: Qianlie Anshuan Tablets; K: Wenglitong Capsules; L: Shuangshi Tonglin Capsules; M: Standard treatment.

Table S1: Transitivity (Indirectness) Assessment

Study	Age（years）(T/C)	Duration（year）(T/C)	Follow-up
Wang 2023 [17]	31.02±3.46/31.46±3.98	3.14±0.70/3.02±0.78	12 weeks
Zhang 2023 [18]	41.62±3.37/40.27±3.18	4.29±1.48/4.07±1.26	3 weeks
Qi 2023 [19]	50.34±7.44/50.22±7.62	2.38±0.74/2.41±0.56	8 weeks
Liu 2022a [20]	48.12±2.45/47.99±2.51	5.22±1.02/5.18±1.04	4 weeks
Liu 2022b [21]	50.30±8.15/50.23±8.11	2.54±0.64/2.51±0.62	8 weeks
Zhang 2021 [22]	40.49±3.67/40.52±3.54	5.12±0.54/5.11±0.16	4 weeks
Ba 2021 [23]	51.56±5.71/51.63±5.62	3.63+0.25/3.57+0.27	8 weeks
Wang 2021a [24]	34.8±1.1/34.9±1.0	2.4±0.1/2.3±0.2	4 weeks
Wang 2021b [25]	37.53±5.40/38.24±5.64	NA	8 weeks
Lu 2020 [26]	41.2±8.3/41.2±8.3	2.37±0.41/2.45±0.47	4 weeks
Liu 2020 [27]	51.9±3.5/51.3±3.7	4.0±0.6/4.2±0.7	8 weeks
Wang 2020a [28]	32.5±17/35±19	NA	4 weeks
Zhang 2019 [29]	34.13±6.85/34.28±6.21	NA	8 weeks
Su 2019 [30]	38.16±3.01/36.52±2.44	3.46±0.41/2.34±0.89	4 weeks
Jing 2019 [31]	45.1±4.8/46.3±4.5	3.52±0.41/3.04±0.29	8 weeks
Zeng 2017 [32]	41.2±8.3/40.3±9.7	2.37±0.41/40.3±9.7	4 weeks
Wu 2017a [33]	48.72±4.72/48.73±4.74	NA	4 weeks
Cai 2017 [34]	42.73±6.35/44.01±5.05	7.94±0.85/7.59±0.72	4 weeks
Yu 2016 [35]	34.6±6.8/35.9±7.1	NA	4 weeks
Sang 2016 [36]	35.2±3.4/35.6±3.2	8.6±2.4/8.7±2.6	4 weeks
Chang 2015 [37]	48.7±8.9/47.9±9.0	7.9±4.5/7.6±4.2	4 weeks
Zhang 2015a [38]	35.22±4.61/35.47±4.22	4.36±1.11/4.17±1.06	8 weeks
He 2014 [39]	34.8	2.3	4 weeks
Zhu 2013 [40]	NA	NA	4 weeks
Xiao 2013 [41]	30.5±1.2	13.2±2.8	4 weeks
Liu 2012 [42]	33.3±5.8/34.7±5.2	1.5-12/2-13	4 weeks
Wang 2022 [43]	67.87±4.41/67.43±5.07	NA	4 weeks
Lin 2022 [44]	56.22±3.51/52.52±3.62	6.44±1.35/6.22±1.24	8 days
Liu 2021 [45]	32/28	6～15/5～12	8 weeks
Yi 2021 [46]	45.5±2.3/45.6±2.7	5.55±2.44/5.68±2.15	4 weeks
Han 2021 [47]	41.38±6.45/40.89±8.66	NA	8 weeks
Zhou 2021a [48]	45.42±11.20	NA	2 weeks
Qian 2020 [49]	43.6±1.3/44.0±1.4	3.86±1.23/3.79±1.16	3 weeks
Zhao 2020 [50]	49.6±7.4/49.4±7.2	3.5±0.7/3.4±0.2	2 weeks
Peng 2019 [51]	35.39±5.37/37.05±7.03	2.42±1.04/2.33±0.98	4 weeks
Liu 2018 [52]	36.58±4.83/36.64±4.79	3.24±0.76/3.29±0.73	2 weeks
Ma 2017 [53]	42.38±5.46/42.97±5.14	2.18±0.45/2.24±0.51	4 weeks
Mei 2017 [54]	52.2±13.5/54.1±10.3	NA	4 weeks
Chen 2016 [55]	38.26±8.34/38.28±8.52	NA	2 weeks
Su 2016 [56]	31.48±4.69/32.75±4.26	7.4±0.6/6.7±0.8	4 weeks
Zhou 2015 [57]	45.1±16.9	NA	4 weeks
Luo 2018 [58]	30.22±6.53/30.31±6.61	NA	8 weeks

Li 2017 [59]	34.6±12.7/34.0±11.4	NA	8 weeks
Zhang 2016 [60]	36.1±13.2/34.6±12.5	NA	12 weeks
Li 2015 [61]	43.9±5.2	1.6±0.5	4 weeks
Liu 2014a [62]	45.7±5.4/46.3±5.2	3.9±1.8/3.7±2.0	4 weeks
Zhang 2011 [63]	30.64±8.62/31.34±9.6	2.42±1.93/2.38±1.85	4 weeks
Sun 2008 [64]	31.6	1.4	4 weeks
Fan 2015 [65]	29.1±7.9	3.5±2.8	12 weeks
Jiang 2009 [66]	33±1.9/34±2.1	26±2.5/25±2.4	4 weeks
Li 2009 [67]	36.3±6.7/35.8±8.7	NA	4 weeks
Wu 2017b [68]	37.9±9.1/38.6±9.2	2.2±0.7/2.1±0.6	4 weeks
Qiao 2013 [69]	19-44	NA	4 weeks
Qiao 2012 [70]	31.4	3～11	4 weeks
Ji 2010 [71]	33.5	6	4 weeks
Xu 2010 [72]	30.6±8.2/30.5±8.3	3.4±2.5/3.3±2.4	4 weeks
Cao 2023 [73]	35.13±10.6/35.13±10.2	NA	4 weeks
Wang 2018 [74]	31.1±0.1/30.3±0.2	NA	4 weeks
Luo 2022 [75]	55.14±1.02/54.25±1.13	NA	4 weeks
Liu 2014b [76]	32.65/33.1	3.45/13.45	4 weeks
Qin 2009 [77]	32.1	3 - 11	4 weeks
Sun 2021 [78]	35.89±6.10/35.10±6.37	9.36±2.07/9.10±2.21	4 weeks
Nan 2021 [79]	47.88±4.56/47.13±4.02	6.83±1.20/6.56±1.32	4 weeks
Wang 2020b [80]	45.77±5.45/45.90±5.23	NA	2 weeks
Xu 2018 [81]	34.06±6.21/33.93±6.45	7.45±1.36/7.58±1.31	4 weeks
Zheng 2015 [82]	32±4.7	0.5±0.3	4 weeks
Zhu 2011 [83]	31.4/30.8	3.8/3.5	4 weeks
Wu 2014 [84]	35.3±8.4/36.1±8.7	21.3±6.4/21.6±6.2	4 weeks
Zhu 2014 [85]	34.17±8.59/34.62±9.17	9.52±3.16/9.12±2.93	8 weeks
Cheng 2016 [86]	41.82±5.78/42.79±5.13	2.10±0.54/1.91±0.42	8 weeks
Zhang 2015b [87]	34.65±7.3/34.60±7.8	NA	4 weeks
Xu 2014 [88]	32±7	5.3±2.1	4 weeks
Lin 2015 [89]	35.4±4.3/34.2±4.7	NA	4 weeks
Hao 2012 [90]	28±10.3	9.1±5.6	4 weeks
Zhou 2021b [91]	27.4±4.1/28.2±3.6	NA	4 weeks
Zhu 2016 [92]	35.4±12.5/38.4±13.2	4.2±2.3/4.5±2.3	12 weeks

Table S2: CINeMA Results of **total effective rate**

Comparison	Number of studies	Within-study bias	Reporting bias	Indirectness	Imprecision	Heterogeneity	Incoherence	Confidence rating
A:M	26	No concerns	Low risk	No concerns	No concerns	No concerns	Major concerns	High
B:M	15	No concerns	Low risk	No concerns	No concerns	No concerns	Major concerns	High
C:M	7	Major concerns	Low risk	No concerns	No concerns	No concerns	Major concerns	Moderate
D:M	3	No concerns	Low risk	No concerns	No concerns	No concerns	Major concerns	Moderate
E:M	4	No concerns	Low risk	No concerns	No concerns	No concerns	Major concerns	Moderate
F:M	5	No concerns	Low risk	No concerns	No concerns	No concerns	Major concerns	Moderate
G:M	4	No concerns	Low risk	No concerns	No concerns	No concerns	Major concerns	Moderate
H:M	2	No concerns	Low risk	No concerns	No concerns	No concerns	Major concerns	Moderate
I:M	3	No concerns	Low risk	No concerns	No concerns	No concerns	Major concerns	Moderate
J:M	1	No concerns	Low risk	No concerns	No concerns	No concerns	Major concerns	Moderate
K:M	2	No concerns	Low risk	No concerns	No concerns	No concerns	Major concerns	Moderate
L:M	1	No concerns	Low risk	No concerns	No concerns	No concerns	Major concerns	Moderate
A:B	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
A:C	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
A:D	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
A:E	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
A:F	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
A:G	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
A:H	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
A:I	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
A:J	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
A:K	0	No concerns	Low risk	No concerns	No concerns	No concerns	Major concerns	Moderate
A:L	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
B:C	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
B:D	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
B:E	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
B:F	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low

B:G	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
B:H	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
B:I	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
B:J	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
B:K	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
B:L	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
C:D	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
C:E	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
C:F	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
C:G	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
C:H	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
C:I	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
C:J	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
C:K	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
C:L	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
D:E	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
D:F	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
D:G	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
D:H	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
D:I	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
D:J	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
D:K	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
D:L	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
E:F	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
E:G	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
E:H	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
E:I	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
E:J	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
E:K	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
E:L	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low

F:G	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
F:H	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
F:I	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
F:J	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
F:K	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
F:L	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
G:H	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
G:I	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
G:J	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
G:K	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
G:L	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
H:I	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
H:J	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
H:K	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
H:L	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
I:J	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
I:K	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
I:L	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
J:K	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
J:L	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low
K:L	0	No concerns	Low risk	No concerns	Major concerns	No concerns	Major concerns	Low

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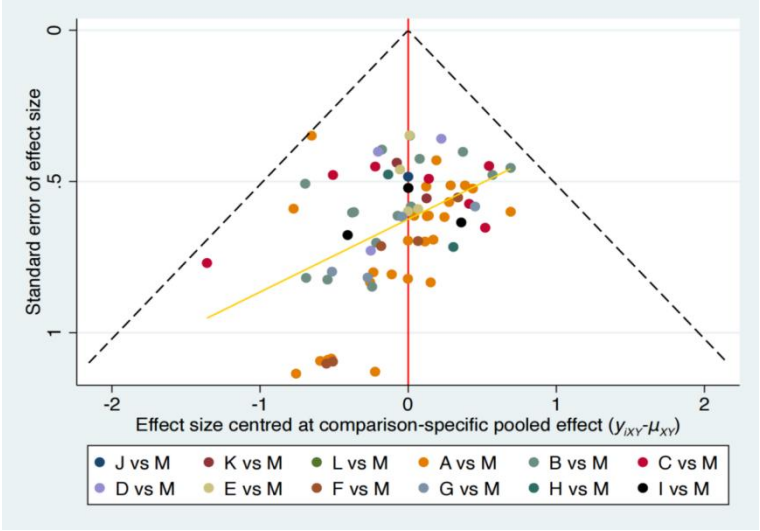
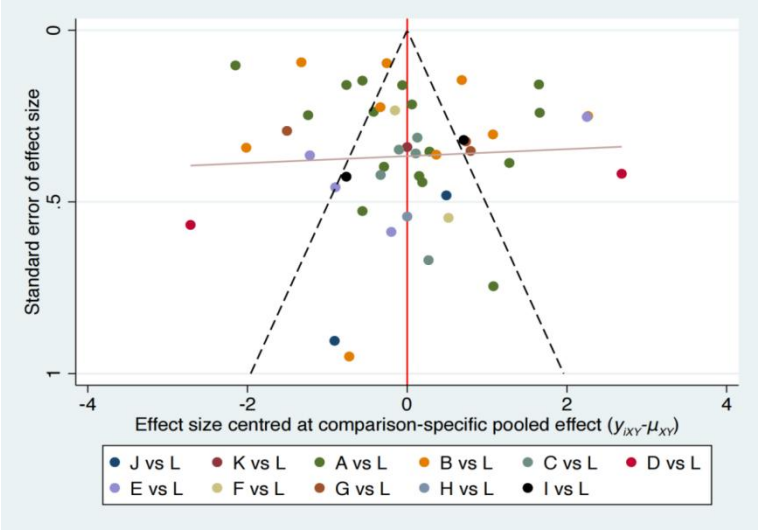
Appendix 9: Funnel plots

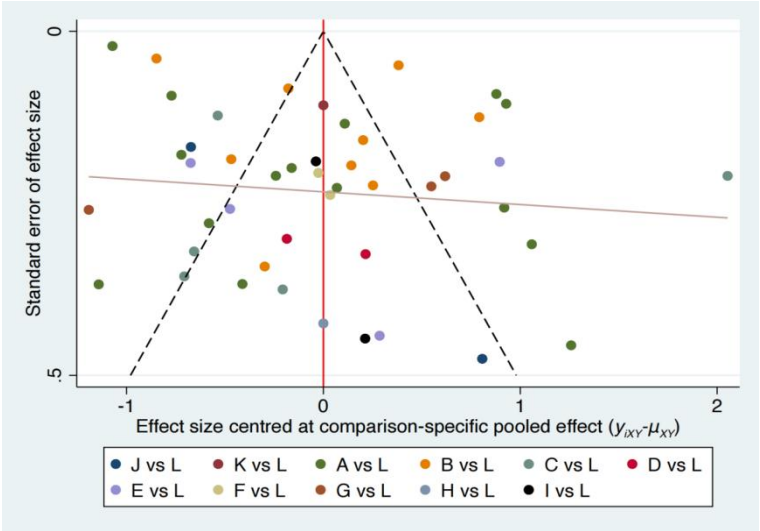
1. total effective rate



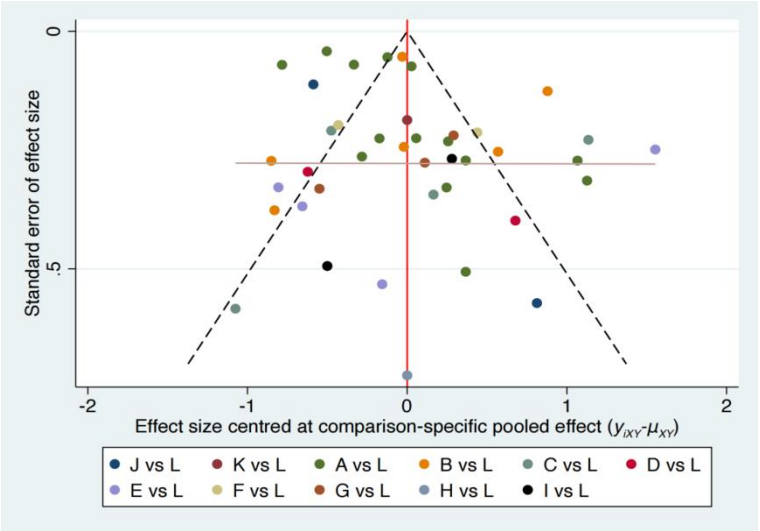
2. Pain symptom score



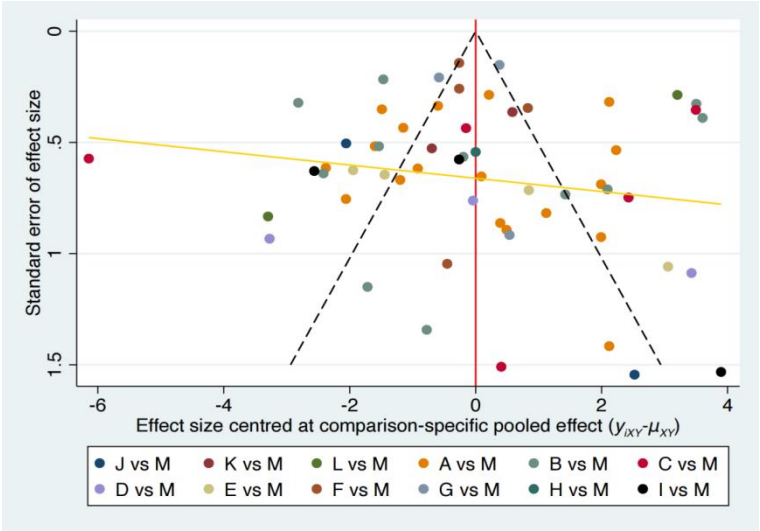
3. Urination disorder score



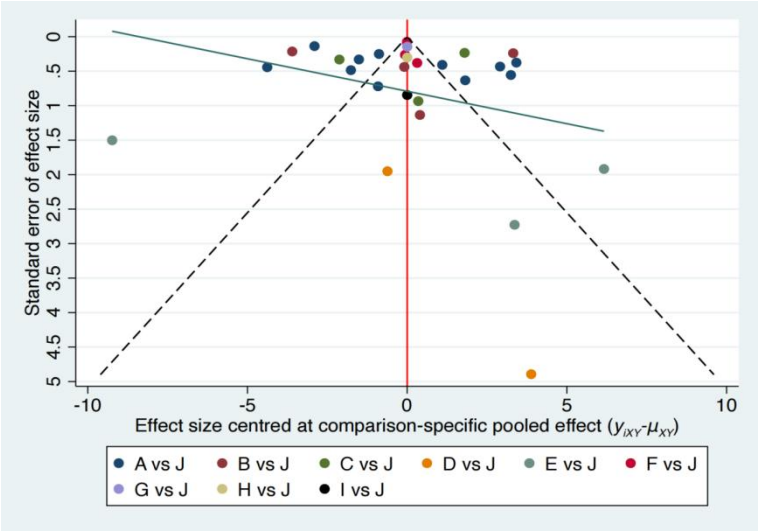
4. Quality of life score



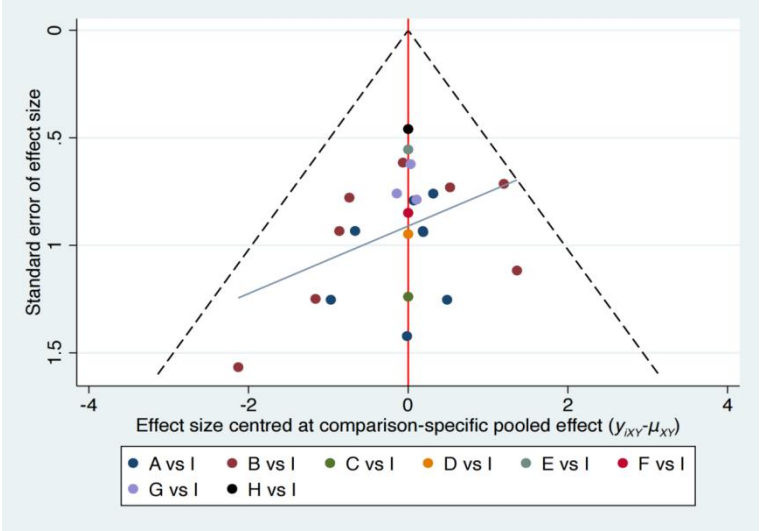
5. NIH-CPSI score



6. EPS white blood cell count

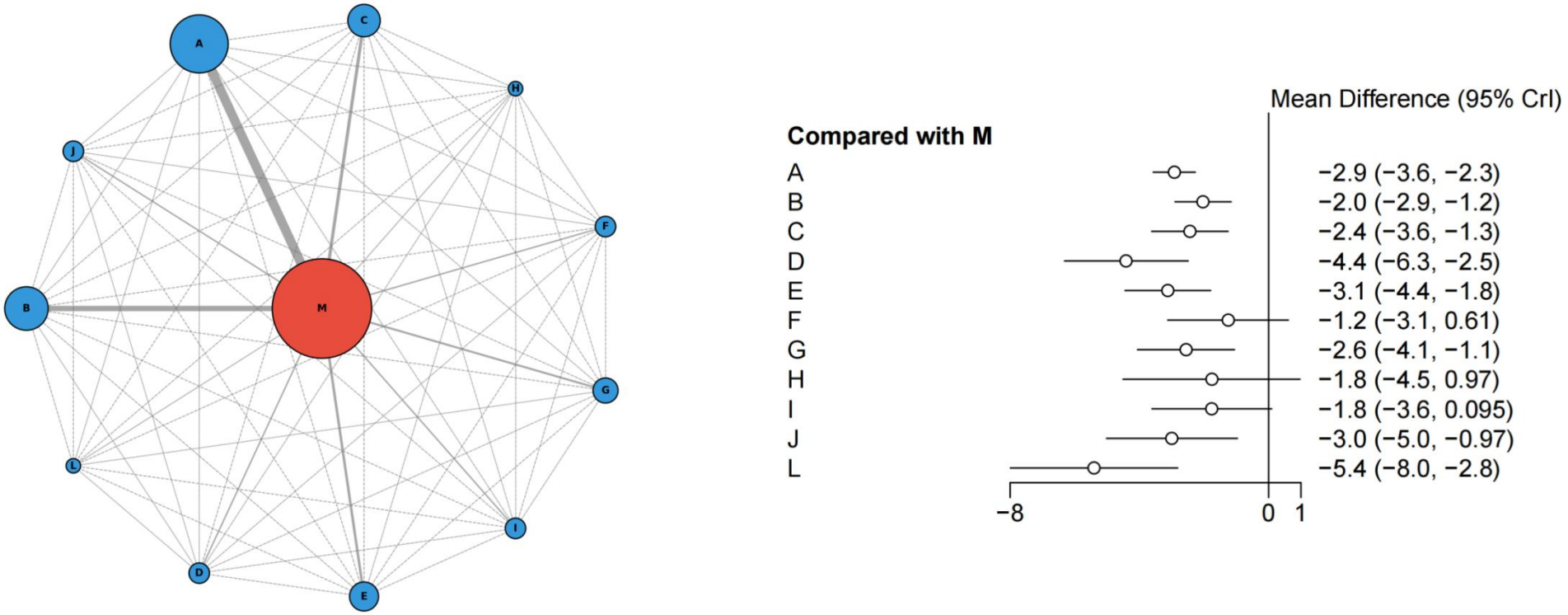


7. Adverse events



Appendix 10: Network maps and forest plots

Figure S3: **Pain symptom score**



Abbreviation: A: Qianlie Shutong Capsules(QLST); B: Ningmitai Capsules(NMT); C: Qianlie Antong Tablets/Capsules(QLAT); D: Sanjin Tablets(SJ); E: Qianlie Jiedu Capsules(QLJD); F: Qianlie Beixi Capsules(QLBX); G: Relinqing Granules(RLQ); H: Qianlie Tongyu Capsules(QLTY); I: Qianlieping Capsules(QLP); J: Qianlie Anshuan Tablets(QLAS); L: Shuangshi Tonglin Capsules(SSTL); M: Standard treatment.

Figure S4: **Urination disorder score**

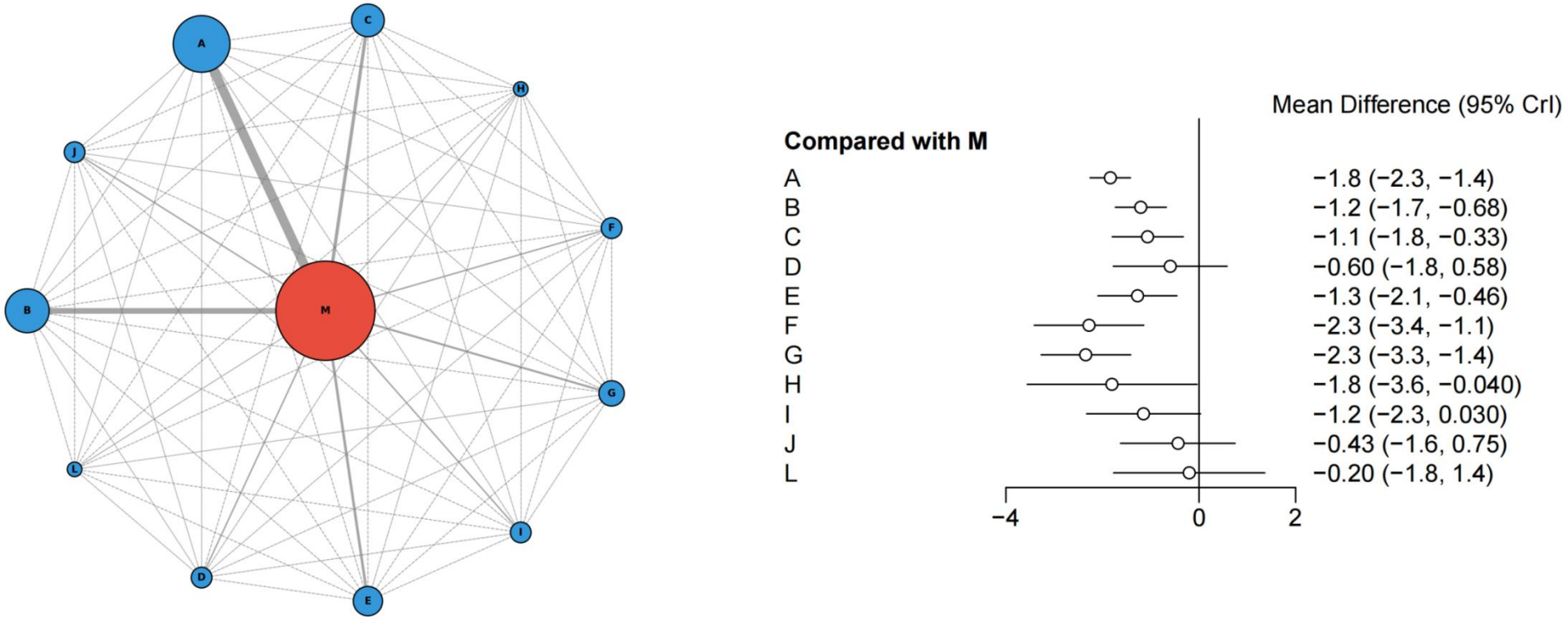


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Figure S5: **Quality of life score**

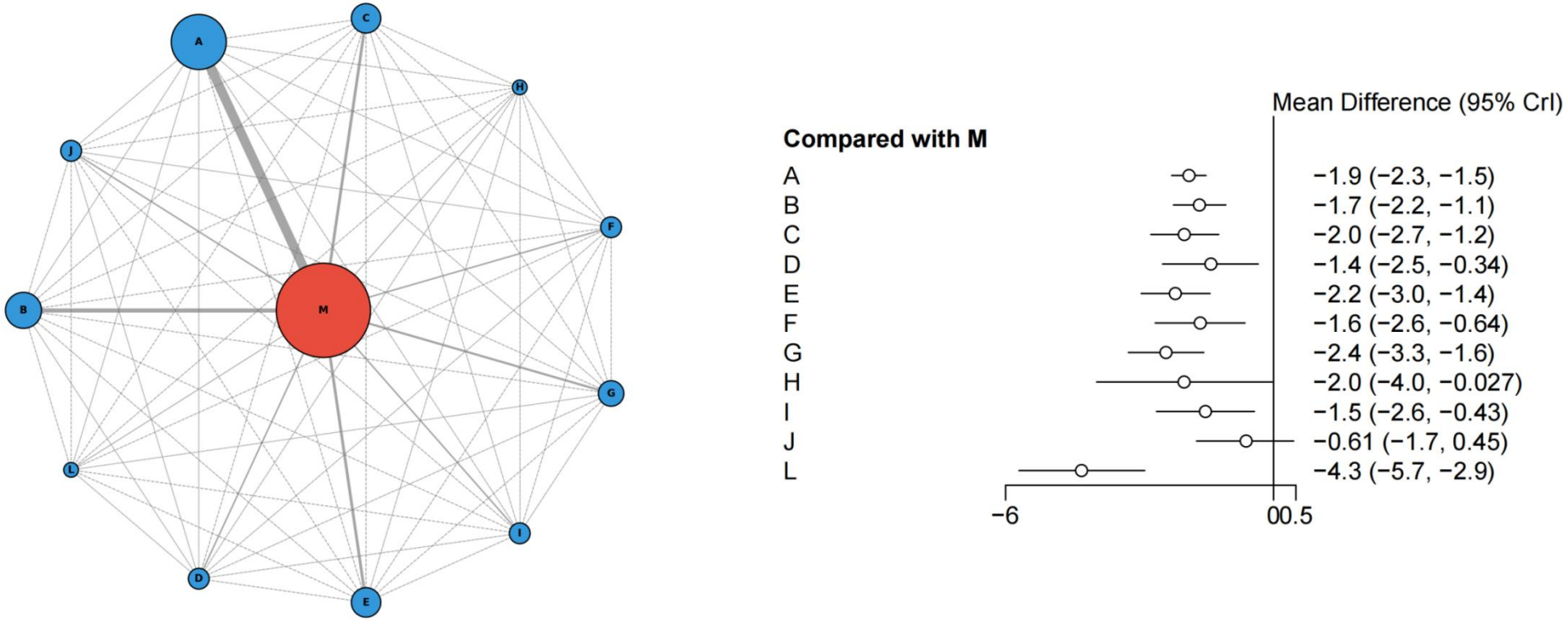

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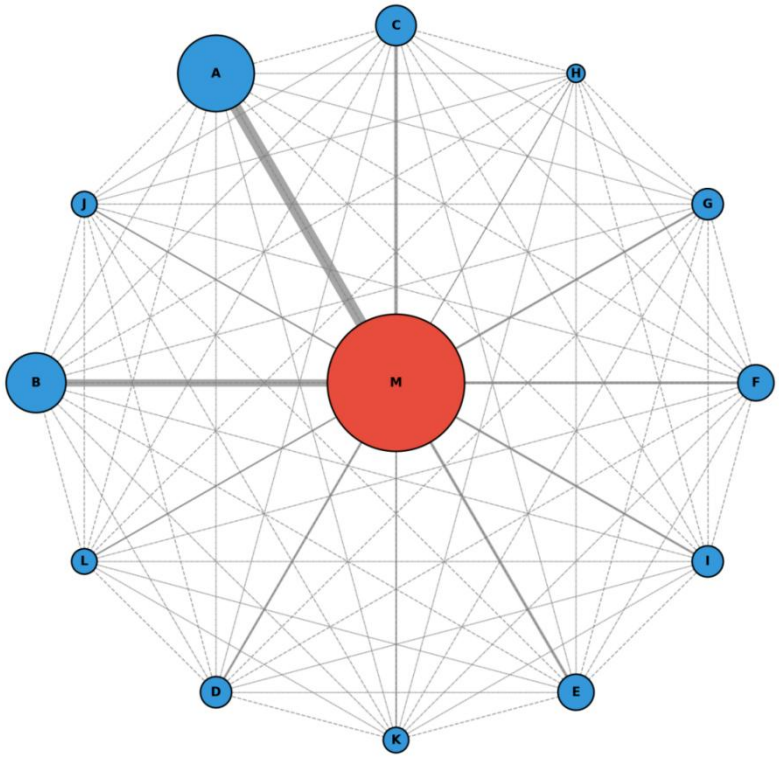
Figure S6: **NIH-CPSI score**



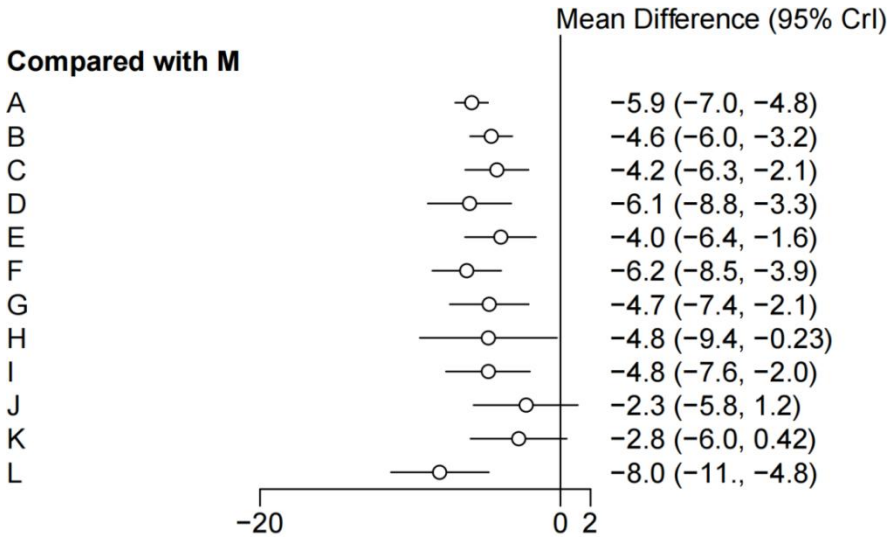


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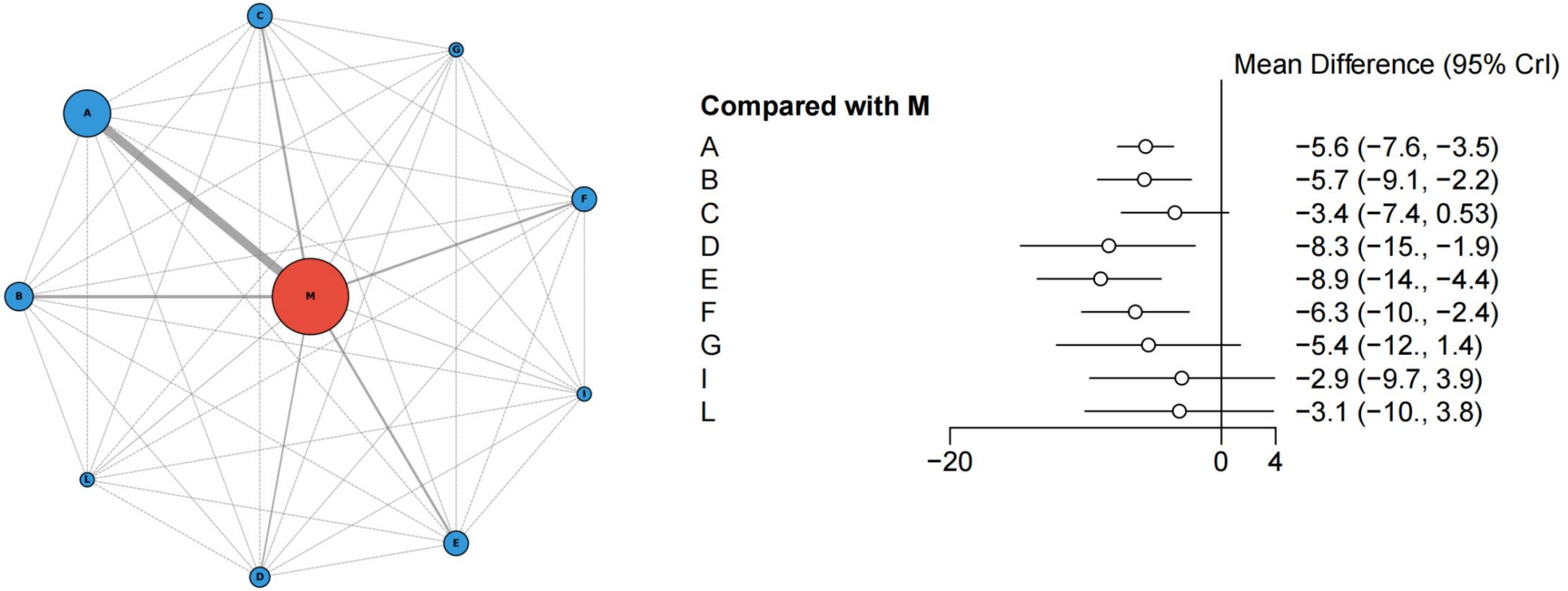
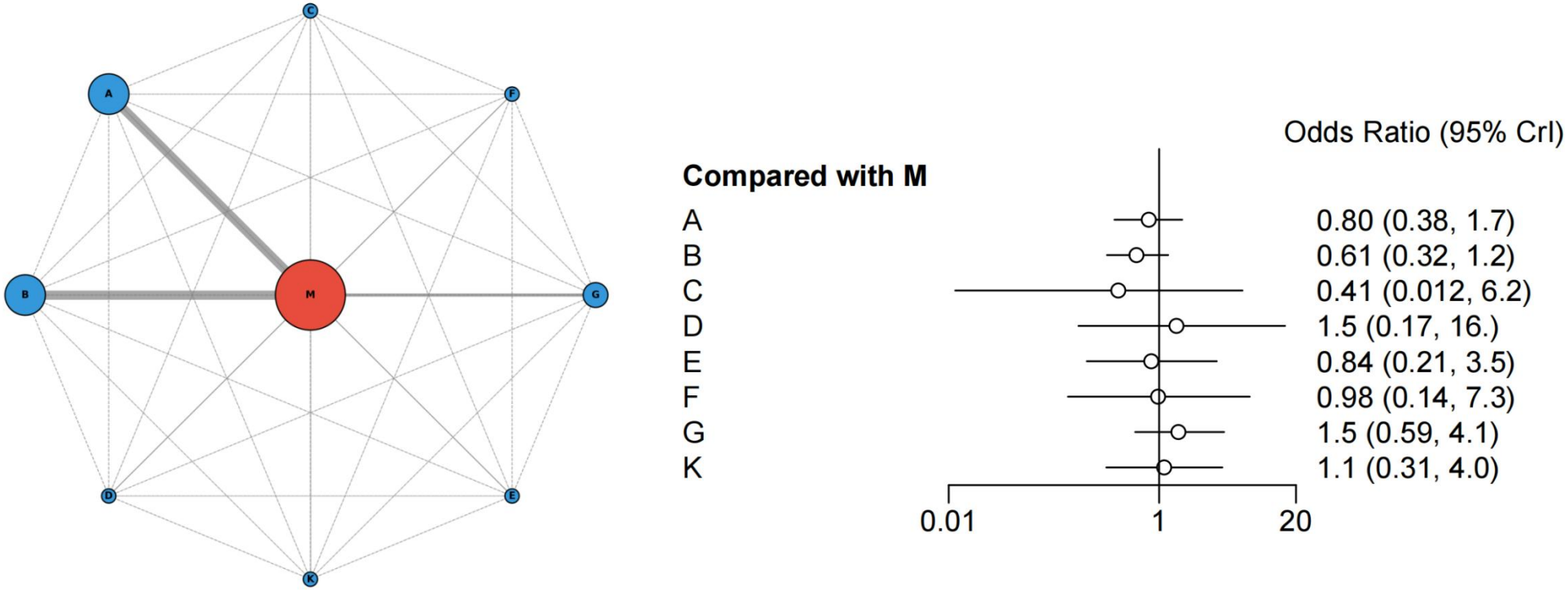
Figure S7: **EPS white blood cell count**



Abbreviation: A: Qianlie Shutong Capsules(QLST); B: Ningmitai Capsules(NMT); C: Qianlie Antong Tablets/Capsules(QLAT); D: Sanjin Tablets(SJ); E: Qianlie Jiedu Capsules(QLJD); F: Qianlie Beixi Capsules(QLBX); G: Relinqing Granules(RLQ);I: Qianlieping Capsules(QLP); L: Shuangshi Tonglin Capsules(SSTL); M: Standard treatment.

Figure S8: **Adverse events**



Abbreviation: A: Qianlie Shutong Capsules(QLST); B: Ningmitai Capsules(NMT); C: Qianlie Antong Tablets/Capsules(QLAT); D: Sanjin Tablets(SJ); E: Qianlie Jiedu Capsules(QLJD); F: Qianlie Beixi Capsules(QLBX); G: Relinqing Granules(RLQ);K: Wenglitong Capsules(WLT); M: Standard treatment.

Appendix 11: SUCRA and cumulative probability plots

Table S3: SUCRA of the effects of various Stains on **total effective rate**

Treatment	SUCRA	PrBest	MeanRank
A	74.1	3.7	4.1
B	41.2	0	8.1
C	52.5	0.9	6.7
D	29.1	0.2	9.5
E	73	10.7	4.2
F	74.7	20.1	4
G	47.7	3.8	7.3
H	61.4	11.7	5.6
I	52.2	4.8	6.7
J	52.6	10	6.7
K	17.6	0.1	10.9
L	73.8	34	4.1
M	0.2	0	13

Abbreviation: A: Qianlie Shutong Capsules(QLST); B: Ningmitai Capsules(NMT); C: Qianlie Antong Tablets/Capsules(QLAT); D: Sanjin Tablets(SJ); E: Qianlie Jiedu Capsules(QLJD); F: Qianlie Beixi Capsules(QLBX); G: Relinqing Granules(RLQ); H: Qianlie Tongyu Capsules(QLTY); I: Qianlieping Capsules(QLP); J: Qianlie Anshuan Tablets(QLAS); K: Wenglitong Capsules(WLT); L: Shuangshi Tonglin Capsules(SSTL); M: Standard treatment.

Table S4: SUCRA of the effects of various Stains on Pain symptom score

Treatment	SUCRA	PrBest	MeanRank
A	63.4	0.1	5
B	34.8	0	8.2
C	47.7	0.1	6.8
D	88.6	25.1	2.3
E	67.6	1	4.6
F	21.2	0	9.7
G	51	0.3	6.4
H	33.9	0.8	8.3
I	32	0.1	8.5
J	62.7	2.4	5.1
L	95.3	70.1	1.5
M	1.8	0	11.8

Abbreviation: A: Qianlie Shutong Capsules(QLST); B: Ningmitai Capsules(NMT); C: Qianlie Antong Tablets/Capsules(QLAT); D: Sanjin Tablets(SJ); E: Qianlie Jiedu Capsules(QLJD); F: Qianlie Beixi Capsules(QLBX); G: Relinqing Granules(RLQ); H: Qianlie Tongyu Capsules(QLTY); I: Qianlieping Capsules(QLP); J: Qianlie

Anshuan Tablets(QLAS); L: Shuangshi Tonglin Capsules(SSTL); M: Standard treatment

Table S5: SUCRA of the effects of various Stains on Urination disorder score

Treatment	SUCRA	PrBest	MeanRank
A	77.7	2.1	3.4
B	50.5	0	6.4
C	44.6	0.1	7.1
D	28.2	0.2	8.9
E	53.6	0.4	6.1
F	88	37	2.3
G	90.6	39.4	2
H	70.5	19.5	4.2
I	48.3	1	6.7
J	22.8	0	9.5
L	17.8	0.2	10
M	7.4	0	11.2

Abbreviation: A: Qianlie Shutong Capsules(QLST); B: Ningmitai Capsules(NMT); C: Qianlie Antong Tablets/Capsules(QLAT); D: Sanjin Tablets(SJ); E: Qianlie Jiedu Capsules(QLJD); F: Qianlie Beixi Capsules(QLBX); G: Relinqing Granules(RLQ); H: Qianlie Tongyu Capsules(QLTY); I: Qianlieping Capsules(QLP); J: Qianlie Anshuan Tablets(QLAS); L: Shuangshi Tonglin Capsules(SSTL); M: Standard treatment

Table S6: SUCRA of the effects of various Stains on Quality of life score

Treatment	SUCRA	PrBest	MeanRank
A	56.4	0	5.8
B	43.3	0	7.2
C	61.6	0.1	5.2
D	34.8	0	8.2
E	70.9	0.1	4.2
F	44.1	0	7.1
G	78.3	0.7	3.4
H	57.7	2.3	5.7
I	39.3	0	7.7
J	12.6	0	10.6
L	99.6	96.7	1
M	1.3	0	11.9

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Table S7: SUCRA of the effects of various Stains on NIH-CPSI score

Treatment	SUCRA	PrBest	MeanRank
A	74.9	1.9	4
B	48.2	0	7.2
C	42.3	0.1	7.9
D	73.4	10.2	4.2
E	38.4	0.2	8.4
F	77.8	10.7	3.7
G	51.8	1.7	6.8
H	53.1	8.1	6.6
I	52.7	2	6.7
J	19.2	0	10.7
K	23.6	0	10.2
L	93.3	65.1	1.8
M	1.3	0	12.8

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Table S8: SUCRA of the effects of various Stains on EPS white blood cell count.

Treatment	SUCRA	PrBest	MeanRank
A	55.9	0.4	5
B	57.1	2.1	4.9
C	33.1	0.2	7
D	79	35.5	2.9
E	87	42.1	2.2
F	65.2	5.8	4.1
G	53.7	9.3	5.2
I	31	2.1	7.2
L	33.1	2.5	7
M	4.8	0	9.6

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Table S9: SUCRA of the effects of various Stains on Adverse events

Treatment	SUCRA	PrBest	MeanRank
A	60.7	6	4.1
B	76.3	14.6	2.9
C	69.4	45.6	3.4
D	34.9	8.7	6.2
E	54.8	9.5	4.6
F	47	12.8	5.2
G	23	0.4	7.2
K	39.4	2.4	5.9
M	44.5	0	5.4

Abbreviation: A: Qianlie Shutong Capsules(QLST); B: Ningmitai Capsules(NMT); C: Qianlie Antong Tablets/Capsules(QLAT); D: Sanjin Tablets(SJ); E: Qianlie Jiedu Capsules(QLJD); F: Qianlie Beixi Capsules(QLBX); G: Relinqing Granules(RLQ);K: Wenglitong Capsules(WLT); M: Standard treatment.

Appendix 12: league table of Summary Estimates for CPMs on CP/CPPS Derived from Network Meta-analysis of 76 Trials

Table S10: total effective rate

The league table presents pairwise comparisons between drug classes, with effect estimates shown as ORs and 95% CIs. For example, the OR for **QLST** versus **NMT** in **total effective rate** is 1.40 (95% CI: 0.98–2.00). OR < 1 favors the row drug, while OR > 1 favors the column drug. Certainty of evidence, assessed by CINeMA (* low, † moderate, ‡ high), is indicated in the table, and detailed results are provided in **Appendix 8**. Red text: 95% CI does not cross zero.

QLST											
1.40 (0.98,2.00)	NMT										
1.25 (0.79,1.98)	0.89 (0.56,1.43)	QLAT									
1.68 (0.97,2.91)	1.20 (0.69,2.09)	1.34 (0.72,2.51)	SJ								
0.99 (0.59,1.65)	0.70 (0.42,1.19)	0.79 (0.43,1.43)	0.59 (0.30,1.15)	QLJD							
0.93 (0.46,1.87)	0.66 (0.33,1.34)	0.74 (0.35,1.59)	0.55 (0.24,1.25)	0.94 (0.42,2.09)	QLBX						
1.34 (0.66,2.72)	0.96 (0.47,1.96)	1.07 (0.49,2.31)	0.80 (0.35,1.82)	1.36 (0.61,3.04)	1.44 (0.57,3.67)	RLQ					
1.12 (0.49,2.53)	0.80 (0.35,1.81)	0.89 (0.37,2.13)	0.67 (0.26,1.67)	1.13 (0.46,2.79)	1.20 (0.44,3.33)	0.84 (0.30,2.33)	QLTY				
1.27 (0.62,2.61)	0.91 (0.44,1.87)	1.01 (0.46,2.22)	0.75 (0.33,1.75)	1.29 (0.57,2.91)	1.37 (0.53,3.51)	0.95 (0.37,2.45)	1.13 (0.40,3.19)	QLP			
1.27 (0.48,3.37)	0.90 (0.34,2.42)	1.01 (0.36,2.82)	0.75 (0.26,2.19)	1.28 (0.45,3.67)	1.36 (0.43,4.32)	0.95 (0.30,3.02)	1.13 (0.33,3.86)	1.00 (0.31,3.20)	QLAS		
2.21 (1.08,4.53)	1.58 (0.77,3.26)	1.77 (0.81,3.85)	1.32 (0.57,3.04)	2.24 (1.00,5.06)	2.38 (0.93,6.11)	1.65 (0.64,4.27)	1.98 (0.71,5.54)	1.75 (0.67,4.54)	1.75 (0.55,5.60)	WLT	
0.87 (0.31,2.50)	0.62 (0.22,1.79)	0.70 (0.23,2.08)	0.52 (0.17,1.62)	0.89 (0.29,2.71)	0.94 (0.28,3.17)	0.65 (0.19,2.21)	0.78 (0.22,2.82)	0.69 (0.20,2.35)	0.69 (0.17,2.78)	0.39 (0.12,1.34)	SSTL
4.64 ‡	3.31 ‡	3.71†	2.76‡	4.70‡	5.00‡	3.47‡	4.15‡	3.66‡	3.67‡	2.10‡	5.31‡	ST

(3.64,5.91)	(2.56,4.30)	(2.51,5.46)	(1.69,4.52)	(2.99,7.41)	(2.60,9.62)	(1.78,6.75)	(1.91,9.04)	(1.85,7.21)	(1.42,9.47)	(1.07,4.11)	(1.91,14.74)	

Table S11: Pain symptom score

The league table summarizes pairwise comparisons, with effect estimates expressed as MDs and 95% CIs. For example, the MD for **QLST versus NMT** in **pain symptom score** is –0.88 (95% CI: –1.97 to 0.20). An MD > 0 favors the row drug, whereas an MD < 0 favors the column drug.Values shown in red indicate statistically significant differences, where the 95% confidence interval does not cross zero. Red text: 95% CI does not cross zero.

QLST											
-0.88 (-1.97, 0.20)	NMT										
-0.47 (-1.83, 0.88)	0.41 (-1.06, 1.89)	QLAT									
1.50 (-0.53, 3.49)	2.38 (0.27, 4.47)	1.97 (-0.28, 4.19)	SJ								
0.21 (-1.28, 1.67)	1.09 (-0.50, 2.68)	0.68 (-1.10, 2.44)	-1.29 (-3.60, 1.04)	QLJD							
-1.66 (-3.64, 0.31)	-0.78 (-2.84, 1.28)	-1.19 (-3.40, 1.03)	-3.16 (-5.79, -0.48)	-1.87 (-4.15, 0.42)	QLBX						
-0.36 (-2.00, 1.25)	0.52 (-1.21, 2.24)	0.11 (-1.80, 2.01)	-1.86 (-4.27, 0.55)	-0.57 (-2.56, 1.43)	1.30 (-1.10, 3.69)	RLQ					
-1.17 (-3.97, 1.63)	-0.29 (-3.15, 2.58)	-0.70 (-3.66, 2.27)	-2.66 (-5.99, 0.66)	-1.37 (-4.39, 1.65)	0.49 (-2.82, 3.79)	-0.80 (-3.91, 2.30)	QLTY				
-1.15 (-3.12, 0.81)	-0.27 (-2.33, 1.78)	-0.68 (-2.89, 1.53)	-2.65 (-5.29, 0.01)	-1.36 (-3.63, 0.91)	0.51 (-2.12, 3.12)	-0.79 (-3.17, 1.59)	0.02 (-3.29, 3.32)	QLP			
0.08 (-2.05, 2.19)	0.96 (-1.24, 3.16)	0.55 (-1.79, 2.90)	-1.42 (-4.18, 1.35)	-0.13 (-2.55, 2.28)	1.74 (-1.01, 4.49)	0.44 (-2.07, 2.96)	1.24 (-2.15, 4.63)	1.23 (-1.52, 3.97)	QLAS		
2.48 (-0.20, 5.17)	3.37 (0.64, 6.13)	2.95 (0.10, 5.82)	0.98 (-2.21, 4.21)	2.28 (-0.63, 5.21)	4.14 (0.94, 7.35)	2.85 (-0.13, 5.85)	3.65 (-0.11, 7.43)	3.64 (0.44, 6.84)	2.40 (-0.88, 5.71)	SSTL	
-2.92 (-3.57, -2.27)	-2.03 (-2.90, -1.16)	-2.44 (-3.63, -1.26)	-4.42 (-6.30, -2.49)	-3.12 (-4.45, -1.79)	-1.25 (-3.12, 0.62)	-2.55 (-4.04, -1.05)	-1.75 (-4.47, 0.98)	-1.76 (-3.63, 0.10)	-2.99 (-5.01, -0.97)	-5.40 (-8.01, -2.82)	ST

Table S12: Urination disorder score

The league table summarizes pairwise comparisons, with effect estimates presented as MDs and 95% CIs. For example, the MD for **QLST versus NMT** in **urination disorder score** is –0.63 (95% CI: –1.30 to 0.04). An MD > 0 favors the row drug, whereas an MD < 0 favors the column drug. Red text: 95% CI does not cross zero.

QLST											
-0.63 (-1.30, 0.04)	NMT										
-0.77 (-1.62, 0.07)	-0.14 (-1.05, 0.76)	QLAT									
-1.24 (-2.49, 0.02)	-0.61 (-1.90, 0.69)	-0.47 (-1.85, 0.94)	SJ								
-0.57 (-1.49, 0.35)	0.06 (-0.91, 1.04)	0.21 (-0.90, 1.31)	0.67 (-0.77, 2.11)	QLJD							
0.44 (-0.77, 1.65)	1.07 (-0.18, 2.32)	1.22 (-0.14, 2.56)	1.68 (0.04, 3.32)	1.01 (-0.39, 2.41)	QLBX						
0.51 (-0.52, 1.53)	1.14 (0.06, 2.21)	1.28 (0.09, 2.47)	1.74 (0.24, 3.25)	1.07 (-0.17, 2.31)	0.06 (-1.41, 1.53)	RLQ					
-0.04 (-1.83, 1.77)	0.59 (-1.24, 2.42)	0.73 (-1.16, 2.64)	1.20 (-0.91, 3.32)	0.52 (-1.41, 2.46)	-0.49 (-2.57, 1.60)	-0.55 (-2.53, 1.44)	QLTY				
-0.69 (-1.95, 0.56)	-0.06 (-1.36, 1.23)	0.09 (-1.31, 1.48)	0.55 (-1.12, 2.22)	-0.12 (-1.56, 1.32)	-1.13 (-2.78, 0.51)	-1.20 (-2.70, 0.31)	-0.64 (-2.77, 1.46)	QLP			
-1.41 (-2.65, -0.14)	-0.78 (-2.07, 0.54)	-0.63 (-2.02, 0.78)	-0.17 (-1.83, 1.52)	-0.84 (-2.27, 0.62)	-1.85 (-3.48, -0.19)	-1.91 (-3.42, -0.39)	-1.36 (-3.48, 0.77)	-0.72 (-2.40, 0.98)	QLAS		
-1.64 (-3.25, -0.03)	-1.01 (-2.66, 0.64)	-0.87 (-2.58, 0.86)	-0.40 (-2.35, 1.55)	-1.07 (-2.84, 0.69)	-2.08 (-4.01, -0.15)	-2.15 (-3.96, -0.33)	-1.60 (-3.94, 0.74)	-0.95 (-2.91, 1.00)	-0.23 (-2.21, 1.73)	SSTL	
-1.84 (-2.25, -1.42)	-1.21 (-1.74, -0.68)	-1.06 (-1.80, -0.33)	-0.60 (-1.78, 0.58)	-1.27 (-2.09, -0.45)	-2.28 (-3.41, -1.14)	-2.34 (-3.28, -1.41)	-1.79 (-3.56, -0.06)	-1.15 (-2.33, 0.04)	-0.43 (-1.63, 0.75)	-0.20 (-1.76, 1.36)	ST

Table S13: Quality of life score

The league table summarizes pairwise comparisons, with effect estimates expressed as MDs and 95% CIs. For example, the MD for **QLST versus NMT** in **quality of life score** is –0.23 (95% CI: –0.94 to 0.46). An MD > 0 favors the row drug, whereas an MD < 0 favors the column drug. Red text: 95% CI does not cross zero.

QLST											
-0.23 (-0.94, 0.46)	NMT										
0.11 (-0.76, 0.95)	0.34 (-0.63, 1.29)	QLAT									
-0.49 (-1.63, 0.66)	-0.26 (-1.47, 0.98)	-0.59 (-1.89, 0.74)	SJ								
0.31 (-0.57, 1.16)	0.54 (-0.44, 1.51)	0.20 (-0.88, 1.28)	0.79 (-0.55, 2.11)	QLJD							
-0.25 (-1.33, 0.82)	-0.02 (-1.18, 1.14)	-0.36 (-1.60, 0.91)	0.24 (-1.24, 1.71)	-0.56 (-1.81, 0.71)	QLBX						
0.51 (-0.42, 1.44)	0.74 (-0.28, 1.78)	0.41 (-0.72, 1.55)	1.00 (-0.37, 2.36)	0.21 (-0.93, 1.35)	0.76 (-0.55, 2.07)	RLQ					
0.10 (-1.90, 2.10)	0.33 (-1.70, 2.38)	-0.00 (-2.09, 2.11)	0.59 (-1.64, 2.83)	-0.20 (-2.31, 1.91)	0.35 (-1.85, 2.56)	-0.41 (-2.54, 1.73)	QLTY				
-0.36 (-1.54, 0.79)	-0.13 (-1.38, 1.11)	-0.47 (-1.81, 0.86)	0.13 (-1.43, 1.65)	-0.67 (-2.02, 0.68)	-0.11 (-1.61, 1.37)	-0.88 (-2.27, 0.50)	-0.47 (-2.72, 1.77)	QLP			
-1.28 (-2.41, -0.11)	-1.05 (-2.26, 0.21)	-1.38 (-2.68, -0.03)	-0.79 (-2.30, 0.74)	-1.58 (-2.89, -0.22)	-1.03 (-2.49, 0.47)	-1.79 (-3.14, -0.39)	-1.38 (-3.61, 0.88)	-0.91 (-2.44, 0.65)	QLAS		
2.41 (0.94, 3.86)	2.64 (1.12, 4.17)	2.30 (0.71, 3.91)	2.89 (1.12, 4.66)	2.10 (0.51, 3.72)	2.66 (0.93, 4.39)	1.90 (0.25, 3.54)	2.31 (-0.11, 4.72)	2.77 (0.99, 4.57)	3.69 (1.88, 5.44)	SSTL	
-1.89 (-2.28, -1.51)	-1.66 (-2.24, -1.07)	-2.00 (-2.75, -1.23)	-1.41 (-2.49, -0.33)	-2.20 (-2.97, -1.42)	-1.64 (-2.65, -0.64)	-2.41 (-3.25, -1.56)	-2.00 (-3.96, -0.04)	-1.53 (-2.62, -0.42)	-0.61 (-1.72, 0.45)	-4.30 (-5.71, -2.90)	ST

Table S14: NIH-CPSI score

The league table summarizes pairwise comparisons, with effect estimates expressed as MDs and 95% CIs. For example, the MD for **QLST versus NMT** in **NIH-CPSI score** is –1.31 (95% CI: –3.10 to 0.48). An MD > 0 favors the row drug, whereas an MD < 0 favors the column drug. Red text: 95% CI does not cross zero.

QLST											
-1.31 (-3.10, 0.48)	NMT										
-1.68 (-4.06, 0.69)	-0.37 (-2.92, 2.18)	QLAT									
0.12 (-2.87, 3.12)	1.44 (-1.69, 4.56)	1.81 (-1.69, 5.32)	SJ								
-1.94 (-4.52, 0.67)	-0.62 (-3.36, 2.13)	-0.25 (-3.40, 2.92)	-2.06 (-5.70, 1.59)	QLJD							
0.33 (-2.21, 2.85)	1.64 (-1.05, 4.31)	2.01 (-1.10, 5.11)	0.20 (-3.40, 3.79)	2.25 (-1.04, 5.52)	QLBX						
-1.16 (-4.04, 1.70)	0.15 (-2.83, 3.13)	0.53 (-2.86, 3.88)	-1.29 (-5.13, 2.55)	0.77 (-2.77, 4.30)	-1.49 (-4.99, 2.01)	RLQ					
-1.13 (-5.85, 3.60)	0.19 (-4.59, 4.99)	0.56 (-4.49, 5.61)	-1.25 (-6.61, 4.10)	0.81 (-4.38, 5.98)	-1.45 (-6.54, 3.69)	0.03 (-5.25, 5.33)	QLTY				
-1.11 (-4.07, 1.92)	0.21 (-2.89, 3.35)	0.58 (-2.90, 4.09)	-1.23 (-5.14, 2.71)	0.83 (-2.78, 4.48)	-1.43 (-5.02, 2.20)	0.06 (-3.74, 3.91)	0.02 (-5.31, 5.39)	QLP			
-3.63 (-7.26, 0.05)	-2.31 (-6.05, 1.47)	-1.94 (-6.00, 2.16)	-3.75 (-8.20, 0.74)	-1.69 (-5.87, 2.51)	-3.95 (-8.10, 0.25)	-2.47 (-6.80, 1.92)	-2.50 (-8.28, 3.29)	-2.52 (-6.98, 1.95)	QLAS		
-3.12 (-6.53, 0.27)	-1.81 (-5.33, 1.69)	-1.43 (-5.30, 2.40)	-3.25 (-7.52, 0.99)	-1.19 (-5.19, 2.77)	-3.45 (-7.39, 0.49)	-1.97 (-6.11, 2.19)	-2.00 (-7.60, 3.59)	-2.02 (-6.29, 2.21)	0.50 (-4.25, 5.21)	WLT	
2.13 (-1.34, 5.55)	3.43 (-0.13, 6.98)	3.81 (-0.11, 7.70)	2.00 (-2.34, 6.26)	4.06 (0.01, 8.05)	1.80 (-2.20, 5.77)	3.28 (-0.93, 7.47)	3.24 (-2.41, 8.87)	3.23 (-1.11, 7.48)	5.75 (0.95, 10.50)	5.24 (0.66, 9.81)	SSTL
-5.91 (-7.02, -4.82)	-4.60 (-6.01, -3.20)	-4.23 (-6.34, -2.12)	-6.04 (-8.83, -3.27)	-3.98 (-6.35, -1.64)	-6.24 (-8.53, -3.94)	-4.76 (-7.39, -2.11)	-4.79 (-9.38, -0.21)	-4.81 (-7.62, -2.05)	-2.29 (-5.80, 1.18)	-2.79 (-6.01, 0.44)	-8.04 (-11.29, -4.75)	ST

Table S15: EPS white blood cell count

The league table summarizes pairwise comparisons, with effect estimates expressed as MDs and 95% CIs. For example, the MD for **QLST versus NMT** in **EPS white blood cell count** is 0.09 (95% CI: –3.93 to 4.10). An MD > 0 favors the row drug, whereas an MD < 0 favors the column drug. Red text: 95% CI does not cross zero.

QLST									
0.09 (-3.93, 4.10)	NMT								
-2.16 (-6.63, 2.31)	-2.24 (-7.54, 3.00)	QLAT							
2.74 (-4.01, 9.59)	2.65 (-4.58, 10.04)	4.90 (-2.63, 12.53)	SJ						
3.33 (-1.56, 8.39)	3.24 (-2.37, 9.06)	5.48 (-0.43, 11.61)	0.59 (-7.26, 8.51)	QLJD					
0.76 (-3.68, 5.21)	0.67 (-4.56, 5.89)	2.92 (-2.63, 8.51)	-1.99 (-9.60, 5.53)	-2.57 (-8.66, 3.35)	QLBX				
-0.21 (-7.28, 6.88)	-0.30 (-7.91, 7.31)	1.95 (-5.95, 9.82)	-2.96 (-12.38, 6.30)	-3.53 (-11.81, 4.49)	-0.98 (-8.81, 6.88)	RLQ			
-2.69 (-9.79, 4.39)	-2.78 (-10.37, 4.85)	-0.54 (-8.41, 7.37)	-5.43 (-14.94, 3.92)	-6.02 (-14.27, 2.06)	-3.46 (-11.28, 4.44)	-2.49 (-12.06, 7.14)	QLP		
-2.49 (-9.77, 4.78)	-2.58 (-10.37, 5.22)	-0.34 (-8.36, 7.66)	-5.23 (-14.81, 4.20)	-5.81 (-14.23, 2.39)	-3.25 (-11.26, 4.77)	-2.27 (-12.06, 7.49)	0.20 (-9.54, 9.94)	SSTL	
-5.59 (-7.65, -3.52)	-5.67 (-9.12, -2.22)	-3.42 (-7.39, 0.55)	-8.33 (-14.88, -1.92)	-8.91 (-13.54, -4.46)	-6.34 (-10.27, -2.40)	-5.37 (-12.14, 1.40)	-2.89 (-9.68, 3.89)	-3.09 (-10.09, 3.89)	ST

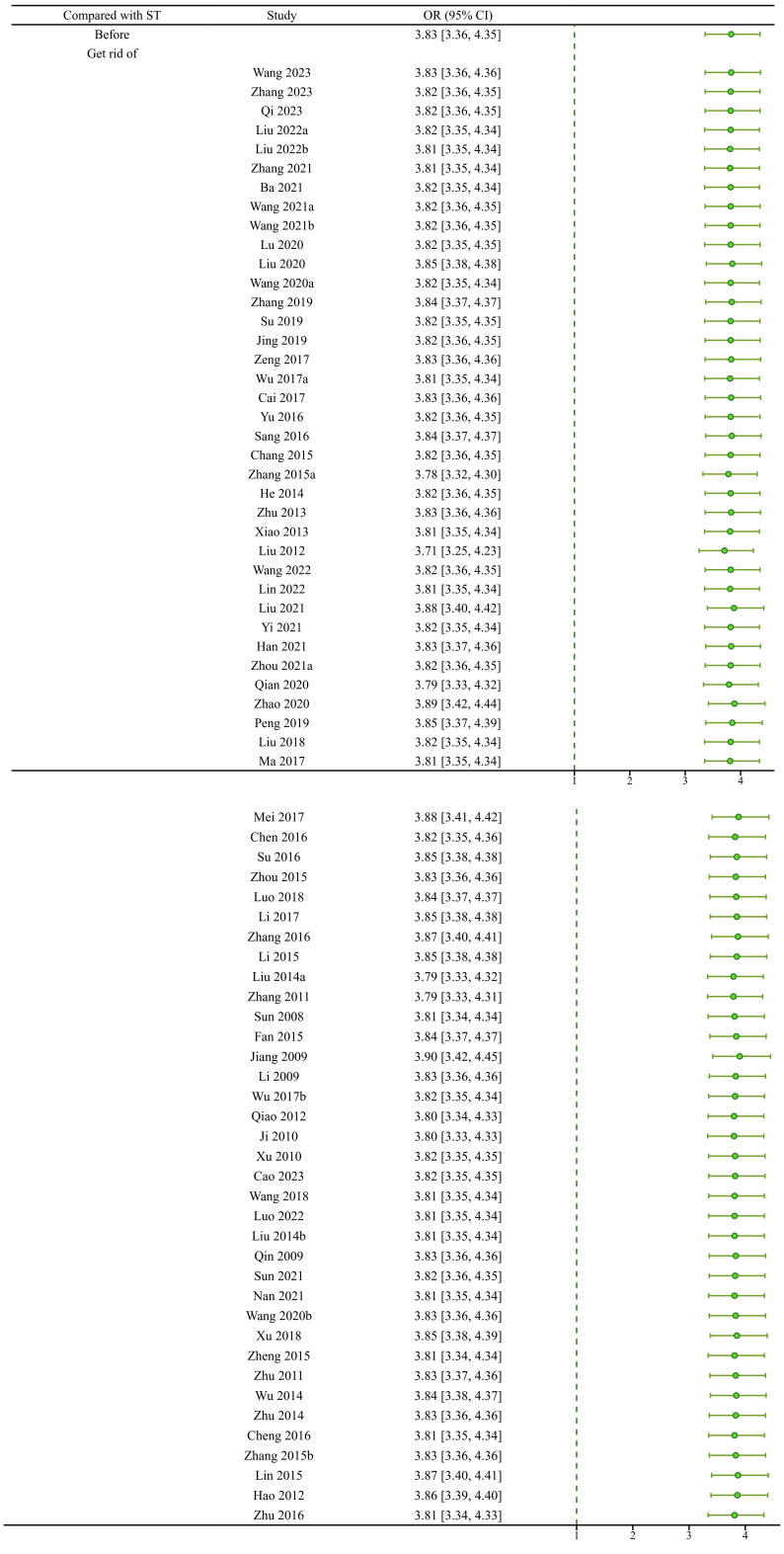
Table S16: Adverse events

The league table summarizes pairwise comparisons, with effect estimates expressed as ORs and 95% CIs. For example, the OR for **QLST versus NMT** in **adverse events** is 1.27 (95% CI: 0.52–3.09). An OR > 1 favors the row drug, whereas an OR < 1 favors the column drug. Red text: 95% CI does not cross zero.

QLST								
1.27 (0.52,3.09)	NMT							
1.60 (0.13,19.88)	1.26 (0.10,15.38)	QLAT						
0.56 (0.08,4.03)	0.44 (0.06,3.10)	0.35 (0.02,7.43)	SJ					
0.92 (0.26,3.29)	0.72 (0.21,2.49)	0.57 (0.04,8.19)	1.64 (0.19,14.10)	QLJD				
0.79 (0.13,4.73)	0.62 (0.11,3.63)	0.49 (0.03,9.33)	1.41 (0.12,17.02)	0.86 (0.12,6.26)	QLBX			
0.52 (0.18,1.49)	0.41 (0.15,1.11)	0.33 (0.03,4.21)	0.93 (0.12,7.06)	0.57 (0.15,2.20)	0.66 (0.10,4.21)	RLQ		
0.71 (0.23,2.17)	0.56 (0.19,1.64)	0.44 (0.03,5.89)	1.27 (0.16,9.97)	0.77 (0.19,3.17)	0.90 (0.14,5.97)	1.36 (0.41,4.54)	WLT	
0.79 (0.40,1.54)	0.62 (0.34,1.12)	0.49 (0.04,5.57)	1.41 (0.22,9.01)	0.86 (0.29,2.54)	1.00 (0.19,5.28)	1.51 (0.67,3.37)	1.11 (0.45,2.73)	ST

Appendix 13: **Sensitivity analyses of total effective rate.**

The term "before" refers to the combined OR from all CPMs directly compared to ST, which are 3.83[3.36, 4.35]. We employed a leave-one-out analysis to investigate whether the exclusion of each study significantly affected the original effect size. For example, in the comparison with ST, after excluding “Wang 2023”, the remaining effect size is 3.83 [3.36, 4.36].



Appendix 14: The meta-regression of the factors that may lead to differences to the main outcome indicators

Factors	Total effective rate				
	Coefficient	std err	t	P value	95%CI
Duration	0.0209	0.247	0.072	0.982	-0.828, 0.848
Follow-up	-0.5318	0.252	-1.853	0.116	-2.016, 0.236
Age	-0.0106	0.182	-0.046	0.919	-0.391, 0.279

Appendix 15: Excluded Full-Text Studies and Rationale

Study	Title	Exclusion Reason
Chen 2024	Effect of Extracorporeal Shock Wave Combined with Qianlieshutong Capsule in the Treatment of Chronic Prostatitis in Elderly Patients	Population not eligible
Pan 2024	Clinical Effect of Qianlieshutong Capsule Combined with Tamsulosin Hydrochloride Sustained-Release Capsule in the Treatment of Prostatitis	Intervention not eligible
Zhang 2023	Effect of Qianlieshutong Capsule Combined with Extracorporeal Shock Wave in Patients with Chronic Prostatitis	Intervention not eligible
Zhang 2022	Comprehensive Clinical Evaluation of Qianlieshutong Capsule for Chronic Prostatitis of Damp-Heat and Blood-Stasis Syndrome	Outcome not eligible
Feng 2021	Efficacy of Quinolone Antibiotics Combined with Qianlieshutong Capsule on Chronic Bacterial Prostatitis and Their Effects on Immune-Inflammatory Markers	Outcome not eligible
Hou 2021	Clinical Observation of Qianlieshutong Capsule Combined with Jiedu Huoxue Tablet in the Treatment of Type III Prostatitis	Intervention not eligible
Li 2020	Observation of the Efficacy of Quinolone Antibiotics Combined with Qianlieshutong Capsule in Treating Chronic Bacterial Prostatitis	Outcome not eligible
Yi 2020	Clinical Evaluation of Qianlieshutong Capsule in Treating Damp-Heat and Blood-Stasis Type Prostatitis	Outcome not eligible
Meng 2020	Study on the Effect of Qianlieshutong Capsule Combined with Levofloxacin Tablets in the Treatment of Chronic Bacterial Prostatitis	Intervention not eligible
Qu 2020	Clinical Efficacy of Qianlieshutong Capsule Combined with Qianlikang Enema Decoction in Treating Type III Chronic Prostatitis with Damp-Heat and Blood-Stasis Syndrome	Outcome not eligible
Li 2020	Effect of Qianlieshutong Capsule Combined with Terazosin on Cytokines in Prostatic Fluid of Patients with Type III Chronic Prostatitis	Intervention not eligible
Wei 2020	Clinical Observation of Qianlieshutong Capsule Combined with Moxifloxacin Hydrochloride in the Treatment of Chronic Prostatitis	Outcome not eligible
Gong 2019	Observation on the Effect of Qianlieshutong Capsule in Treating Prostatitis	Outcome not eligible
Zhang 2019	Clinical Efficacy of Qianlieshutong Capsule in Treating Chronic Prostatitis	Intervention not eligible
Liu 2019	Observation on the Efficacy of Tamsulosin Combined with Qianlieshutong Capsule in the Treatment of Type III Prostatitis	Outcome not eligible
Liu 2019	Observation on the Efficacy of Qianlieshutong Capsule Combined with Tamsulosin Hydrochloride in the Treatment of Type IIIB Prostatitis	Outcome not eligible

Zhang 2019	Clinical Efficacy of Qianlieshutong Capsule Combined with Microwave Therapy for Chronic Prostatitis	Population not eligible
Deng 2019	Observation on the Efficacy of Qianlieshutong Capsule Combined with Finasteride in the Treatment of Chronic Prostatitis	Outcome not eligible
Chen 2018	Analysis of 120 Cases of Type IIIB Prostatitis Treated with Qianlieshutong Capsule Combined with Tamsulosin Sustained-Release Capsule	Outcome not eligible
Yin 2018	Clinical Efficacy of Qianlieshutong Capsule Combined with Finasteride in the Treatment of Benign Prostatic Hyperplasia	Outcome not eligible
Zhu 2018	Observation on the Efficacy of Quinolone Antibiotics Combined with Qianlieshutong Capsule in the Treatment of Chronic Bacterial Prostatitis	Outcome not eligible
Li 2017	Observation on the Efficacy of Qianlieshutong Capsule Combined with Tamsulosin in the Treatment of Type IIIB Prostatitis	Full text unavailable
Zhang 2017	Clinical Observation on the Efficacy of Qianlieshutong Capsule in the Treatment of Prostatitis	Outcome not eligible
Liu 2017	Clinical Study of Qianlieshutong Capsule Combined with Quinolone Antibiotics in the Treatment of Chronic Bacterial Prostatitis	Intervention not eligible
Wang 2016	Observation on the Efficacy of Fosfomycin Tromethamine Combined with Qianlieshutong Capsule in Treating Chronic Prostatitis	Intervention not eligible
Zhang 2015	Efficacy of Qianlieshutong Capsule Combined with Quinolone Antibiotics in the Treatment of Chronic Bacterial Prostatitis	Population not eligible
Yue 2015	Clinical Observation on the Efficacy of Qianlieshutong Capsule in the Treatment of Chronic Prostatitis: A Report of 258 Cases	Outcome not eligible
Xuan 2015	Qianlieshutong Capsule in the Treatment of Damp-Heat and Blood-Stasis Type Prostatitis	Intervention not eligible
Zhang 2015	Observation and Nursing of 80 Cases of Type III Prostatitis Treated with Qianlieshutong Capsule Combined with Levofloxacin	Outcome not eligible
Qi 2015	Study on the Efficacy of Qianlieshutong Capsule Combined with Antibiotics in the Treatment of Chronic Bacterial Prostatitis	Outcome not eligible
Ai 2012	Clinical Observation on the Efficacy of Qianlieshutong Capsule in the Treatment of Chronic Prostatitis	Outcome not eligible
Xuan 2012	Observation on the Efficacy of Qianlieshutong Capsule Combined with Tamsulosin in the Treatment of Benign Prostatic Hyperplasia	Outcome not eligible
Fan 2012	Analysis of 126 Cases of Chronic Prostatitis Treated with Qianlieshutong Capsule Combined with Levofloxacin	Intervention not eligible

Liu 2012	Clinical Study of Levofloxacin Combined with Qianlieshutong Capsule in the Treatment of Chronic Prostatitis	Intervention not eligible
Lv 2012	Study of 200 Cases of Chronic Bacterial Prostatitis Treated with Qianlieshutong Capsule Combined with Gatifloxacin	Intervention not eligible
Li 2011	Study of 60 Cases of Type III Prostatitis Treated with Qianlieshutong Capsule Combined with Quinolone Drugs	Outcome not eligible
Dou 2011	Evaluation of Efficacy and Safety of Muscarinic Receptor Antagonist Combined with Qianlieshutong Capsule in the Treatment of Prostatitis	Intervention not eligible
Chen 2011	Clinical Observation on the Treatment of Chronic Prostatitis with Qianlieshutong Capsule	Outcome not eligible
Liu 2010	Comparative Study on the Efficacy of Qianlieshutong Capsule Combined with Norfloxacin in the Treatment of Damp-Heat and Blood-Stasis Type Chronic Prostatitis	Intervention not eligible
Xun 2010	Clinical Efficacy of Qianlieshutong Capsule in the Treatment of Chronic Prostatitis	Outcome not eligible
Xie 2010	Experience of 240 Cases of Chronic Bacterial Prostatitis Treated with Qianlieshutong Capsule Combined with Sparfloxacin	Intervention not eligible
Gu 2009	Qianlieshutong Capsule in the Treatment of 80 Cases of Chronic Prostatitis	Outcome not eligible
Zhao 2009	Clinical Observation of Qianlieshutong Capsule in the Treatment of Damp-Heat and Blood-Stasis Type Chronic Prostatitis	Outcome not eligible
Gong 2009	Self-Controlled Study on Qianlieshutong Capsule in the Treatment of Type III Prostatitis	Intervention not eligible
Yuan 2009	Qianlieshutong Capsule in the Treatment of 83 Cases of Qi-Stagnation and Blood-Stasis Type Chronic Prostatitis	Study design not eligible
Jiang 2009	Qianlieshutong Capsule Combined with Compound Sulfamethoxazole Tablets in the Treatment of Type III Prostatitis	Intervention not eligible
Feng 2009	Clinical Study on the Efficacy of Qianlieshutong Capsule in the Treatment of Chronic Non-Bacterial Prostatitis	Outcome not eligible
Zhang 2009	Study of 95 Cases of Chronic Bacterial Prostatitis Treated with Qianlieshutong Capsule Combined with Levofloxacin	Outcome not eligible
Chen 2009	Clinical Study of Qianlieshutong Capsule Combined with Compound Sulfamethoxazole Tablets in 100 Cases of Chronic Bacterial Prostatitis	Outcome not eligible
Zhong 2008	Qianlieshutong Capsule in the Treatment of 84 Cases of Chronic Prostatitis	Outcome not eligible

Zhu 2008	Qianlieshutong Capsule in the Treatment of 30 Cases of Damp-Heat and Blood-Stasis Type Chronic Prostatitis	Intervention not eligible
Zhang 2008	Qianlieshutong Capsule in the Treatment of 41 Cases of Chronic Non-Bacterial Prostatitis	Outcome not eligible
Wang 2008	Observation on the Efficacy of Qianlieshutong Capsule Combined with Levofloxacin in the Treatment of Chronic Prostatitis	Intervention not eligible
Xiong 2008	Study of 46 Cases of Chronic Bacterial Prostatitis Treated with Qianlieshutong Capsule Combined with Levofloxacin	Intervention not eligible
Ma 2006	Clinical Study of Qianlieshutong Capsule Combined with Quinolone Antibiotics in 100 Cases of Chronic Bacterial Prostatitis	Outcome not eligible
Sun 2024	Effect of Ningmitai Capsule Combined with Levofloxacin on Inflammatory Factors and Immune Function in Patients with Chronic Prostatitis	Outcome not eligible
Lu 2023	Study on the Effect of Ningmitai Capsule in Improving Pain Caused by Chronic Prostatitis	Outcome not eligible
Dong 2022	Clinical Observation of Ningmitai Capsule in Patients with Different Phenotypes of Chronic Prostatitis/Chronic Pelvic Pain Syndrome Based on the UPOINT(S) Classification System	Outcome not eligible
Wang 2021	Effect of Ningmitai Capsule Combined with Tamsulosin Hydrochloride Sustained-Release Capsule on Chronic Prostatitis and Inflammatory Factors	Outcome not eligible
Xu 2021	Clinical Study of Ningmitai Capsule Combined with Naftopidil in the Treatment of Chronic Non-Bacterial Prostatitis	Population not eligible
Wang 2020	Clinical Study of Ningmitai Capsule Combined with Tamsulosin Hydrochloride Sustained-Release Tablets in the Treatment of Noninfectious Type III Prostatitis	Intervention not eligible
Gai 2020	Clinical Analysis of Tamsulosin Hydrochloride Capsule Combined with Ningmitai Capsule in the Treatment of Type III Prostatitis	Intervention not eligible
Li 2020	Efficacy of Ningmitai Capsule Combined with Levofloxacin in the Treatment of Chronic Prostatitis	Intervention not eligible
Gao 2020	Effect of Ningmitai Capsule Combined with Levofloxacin Tablets in the Treatment of Patients with Chronic Prostatitis	Intervention not eligible
Lin 2019	Observation on the Efficacy of Ningmitai Capsule in the Treatment of Chronic Prostatitis	Outcome not eligible
Peng 2019	Observation on the Efficacy of Ningmitai Capsule Combined with Levofloxacin in the Treatment of Chronic Prostatitis	Intervention not eligible
Hu 2019	Observation on the Efficacy of Ningmitai Capsule Combined with Double-Dose Tamsulosin Hydrochloride Sustained-Release Tablets in the Treatment of Type IIIB Prostatitis	Intervention not eligible
Cai 2019	Observation on the Efficacy of Ningmitai Capsule Combined with Levofloxacin Tablets in the Treatment of Chronic Prostatitis	Outcome not eligible

Hu 2018	Ningmitai Capsule Combined with Tamsulosin Hydrochloride Sustained-Release Agent in the Treatment of Chronic Non-Bacterial Prostatitis	Outcome not eligible
Wang 2018	Study on the Clinical Efficacy of Ningmitai Capsule Combined with Levofloxacin Capsules in the Treatment of Chronic Prostatitis	Outcome not eligible
Lin 2016	Clinical Study of Ningmitai Capsule in the Treatment of Type III Prostatitis	Outcome not eligible
Liu 2016	Observation on the Effect of Ningmitai Capsule Combined with Antibiotics in the Treatment of Chronic Prostatitis	Outcome not eligible
Xiang 2013	Observation on the Efficacy of Ningmitai Capsule Combined with Levofloxacin Tablets in the Treatment of Chronic Prostatitis	Outcome not eligible
Che 2013	Clinical Observation of Ningmitai Capsule Combined with Levofloxacin in the Treatment of Chronic Prostatitis	Outcome not eligible
Xiang 2013	Observation on the Efficacy of Ningmitai Capsule Combined with Levofloxacin Tablets in the Treatment of Chronic Prostatitis	Intervention not eligible
Wu 2013	Study of 48 Cases of Chronic Prostatitis Treated with Azithromycin Dispersible Tablets Combined with Ningmitai Capsule	Outcome not eligible
Yu 2012	Clinical Observation on the Treatment of Chronic Prostatitis with Ningmitai Capsule	Outcome not eligible
Lu 2012	Study of 30 Cases of Chronic Prostatitis Treated with Ningmitai Capsule Combined with Doxycycline Tablets	Outcome not eligible
Li 2012	Clinical Analysis of the Efficacy of Ningmitai Capsule in the Treatment of Chronic Aseptic Prostatitis	Outcome not eligible
Huang 2011	Study of 229 Cases of Chronic Prostatitis Treated with Ningmitai Capsule Combined with Roxithromycin Sustained-Release Capsules	Outcome not eligible
Wang 2011	Study of 59 Cases of Chronic Prostatitis Treated with Ningmitai Capsule	Intervention not eligible
Yu 2010	Clinical Observation on the Efficacy of Ningmitai Capsule Combined with Levofloxacin Capsules in the Treatment of Chronic Prostatitis	Intervention not eligible
Zhang 2009	Observation on the Efficacy of Ningmitai Capsule in the Treatment of Chronic Prostatitis	Intervention not eligible
Fan 2008	Clinical Observation of 500 Cases of Chronic Prostatitis Treated with Ningmitai Capsule	Outcome not eligible
Cao 2008	Clinical Observation of Ningmitai Capsule Combined with Alfuzosin in the Treatment of Nonbacterial Prostatitis	Outcome not eligible
Liu 2007	Clinical Observation on the Efficacy of Ningmitai Capsule in the Treatment of Chronic Prostatitis	Intervention not eligible

Zhang 2004	Ningmitai Capsule Combined with Doxycycline Tablets in the Treatment of Chronic Prostatitis	Outcome not eligible
Chen 2004	Experience of 90 Cases of Chronic Pelvic Pain Syndrome Treated with Ningmitai Capsule	Intervention not eligible
Cai 2004	Study of 86 Cases of Chronic Prostatitis Treated with Ningmitai Capsule	Outcome not eligible
Ren 2003	Study of 320 Cases of Chronic Prostatitis Treated with Ningmitai Capsule	Outcome not eligible
Zhang 2002	Evaluation of the Therapeutic Effect of Ningmitai Capsule in the Treatment of Chronic Prostatitis	Outcome not eligible
Yang 2019	Effect of Qianlian Tong Tablets Combined with Azithromycin on Clinical Efficacy, Safety, and Prostatic Function in Patients with Chronic Prostatitis	Intervention not eligible
Guo 2013	Clinical Study of Tamsulosin Hydrochloride Combined with Qianlian Tong Tablets in the Treatment of Chronic Prostatitis	Intervention not eligible
Li 2011	Clinical Observation of Qianlian Tong Tablets Combined with Compound Sulfamethoxazole in the Treatment of Chronic Prostatitis	Outcome not eligible
Zhang 2010	Analysis of 120 Cases of Chronic Bacterial Prostatitis Treated with Qianlian Tong Tablets Combined with Gatifloxacin	Outcome not eligible
Liu 2010	Clinical Observation of Tamsulosin Hydrochloride Sustained-Release Tablets Combined with Qianlian Tong Tablets in the Treatment of Chronic Nonbacterial Prostatitis	Population not eligible
Li 2009	Comparative Observation on the Efficacy of Ningmitai Capsule and Qianlian Tong Tablets in the Treatment of Chronic Prostatitis	Population not eligible
Wang 2008	Clinical Observation of Qianlian Tong Tablets in the Treatment of Type III Chronic Prostatitis	Population not eligible
Jiang 2007	Clinical Analysis of the Efficacy of Qianlian Tong Tablets in the Treatment of Chronic Prostatitis	Intervention not eligible
Guo 2007	Clinical Study of Qianlian Tong Tablets in the Treatment of Chronic Pelvic Pain Syndrome	Intervention not eligible
Zhu 2005	Observation on the Efficacy of Qianlian Tong Tablets in 116 Cases of Aseptic Prostatitis	Outcome not eligible
Jin 2003	Analysis of 100 Cases of Chronic Prostatitis Treated with Qianlian Tong Tablets	Outcome not eligible
Zhou 2013	Study of 70 Cases of Chronic Prostatitis Treated with Sanjin Tablets	Population not eligible
Wei 2013	Observation on the Effect of Sanjin Tablets Combined with Tamsulosin and Ciprofloxacin in the Treatment of Chronic Prostatitis	Intervention not eligible

Shen 2012	Observation on the Efficacy of Sanjin Tablets, Tamsulosin, and Ciprofloxacin in the Treatment of Chronic Prostatitis	Outcome not eligible
Xu 2011	Observation on the Efficacy of Sanjin Tablets in 34 Cases of Chronic Prostatitis	Outcome not eligible
Zhang 2010	Observation on the Efficacy of Sanjin Tablets Combined with Tamsulosin and Ciprofloxacin in the Treatment of Chronic Prostatitis	Intervention not eligible
Zhang 2009	Clinical Observation of Sanjin Tablets Combined with Antibiotics in the Treatment of Chronic Prostatitis	Outcome not eligible
Gan 2017	Clinical Study of Qianlie Jiedu Capsule Combined with Tamsulosin Hydrochloride Sustained-Release Tablets in the Treatment of Chronic Prostatitis/Chronic Pelvic Pain Syndrome	Intervention not eligible
Liu 2016	Study on the Efficacy and Safety of Qianlie Jiedu Capsule in the Treatment of Chronic Prostatitis	Intervention not eligible
Yang 2010	Clinical Observation of 180 Cases of Chronic Prostatitis Treated with Qianlie Jiedu Capsule	Outcome not eligible
Wang 2008	Clinical Observation of 235 Cases of Prostatitis Treated with Qianlie Jiedu Capsule	Intervention not eligible
Zhou 2002	Clinical Observation on the Treatment of Chronic Prostatitis with Qianlie Jiedu Capsule	Outcome not eligible
Xiao 2014	Clinical Observation of Qianlie Beixi Capsule Combined with Tamsulosin in the Treatment of Chronic Prostatitis	Outcome not eligible
Li 2010	Clinical Observation of 96 Cases of Chronic Nonbacterial Prostatitis Treated with Tamsulosin Hydrochloride and Qianlie Beixi Capsule	Intervention not eligible
Xu 2016	Clinical Efficacy of Relinqing Granules as an Adjuvant in the Treatment of Chronic Prostatitis	Intervention not eligible
Li 2015	Observation on the Efficacy of Relinqing Granules Combined with Lomefloxacin in the Treatment of Prostatitis	Intervention not eligible
Zhao 2005	Observation on the Efficacy of Relinqing Granules in Treating Damp-Heat Type Chronic Prostatitis	Outcome not eligible
Wang 2019	Observation on the Efficacy of Qianlie Tongyu Capsule in the Treatment of Chronic Nonbacterial Prostatitis	Intervention not eligible
Lin 2015	Clinical Observation of Qianlie Tongyu Capsule Combined with Tamsulosin Sustained-Release Tablets in the Treatment of Prostatodynia	Intervention not eligible
Gong 2012	Clinical Observation of Qianlie Tongyu Capsule in the Treatment of Chronic Prostatitis	Intervention not eligible
Chen 2009	Observation on the Efficacy of Qianlie Tongyu Capsule Combined with Terazosin in the Treatment of Type IIIB Prostatitis	Intervention not eligible

Li 2007	Observation on the Efficacy of Qianlie Tongyu Capsule in 80 Cases of Chronic Prostatitis	Study design not eligible
Sun 2003	Observation of 186 Cases of Chronic Pelvic Pain Syndrome Treated with Qianlie Tongyu Capsule	Intervention not eligible
Ke 2016	Observation on the Efficacy of Qianlieping Capsule in the Treatment of Chronic Aseptic Prostatitis	Intervention not eligible
Li 2012	Analysis of 220 Cases of Chronic Prostatitis Treated with Qianlieping Capsule Combined with α-Receptor Blockers	Intervention not eligible
Lu 2009	Observation of 115 Cases of Chronic Prostatitis Treated with Qianlieping Capsule	Outcome not eligible
Li 2004	Clinical Study of Qianlieping Capsule in the Treatment of Chronic Prostatitis	Intervention not eligible
Liu 2023	Effect of Qianlian Suppository Combined with Tamsulosin Hydrochloride on Chronic Nonbacterial Prostatitis and Patients' Quality of Life	Intervention not eligible
Tan 2021	Clinical Study of Qianlian Suppository in the Treatment of Chronic Prostatitis	Intervention not eligible
Wen 2017	Analysis of the Efficacy of Qianlian Suppository in the Treatment of Chronic Prostatitis	Outcome not eligible
Xu 2012	Clinical Observation of Tamsulosin Hydrochloride Combined with Qianlian Suppository in the Treatment of Type III Prostatitis	Intervention not eligible
He 2010	Clinical Study on Qianlian Suppository for Chronic Prostatitis	Outcome not eligible
Lv 2009	Observation of 40 Cases of Chronic Prostatitis Treated with Lomefloxacin Combined with Qianlian Suppository	Intervention not eligible
Tan 2009	Clinical Analysis of 276 Cases of Chronic Prostatitis Treated with Qianlian Suppository Combined with Clarithromycin	Intervention not eligible
Zhang 2008	Observation on the Efficacy of Qianlian Suppository Combined with Clarithromycin in the Treatment of Nonbacterial Prostatitis	Population not eligible
Hao 2008	Clinical Observation on the Efficacy of Terazosin Combined with Qianlian Suppository in the Treatment of Type III Prostatitis	Outcome not eligible
Xiao 2007	Clinical Observation of 45 Cases of Inflammatory Chronic Pelvic Pain Syndrome Treated with Qianlian Suppository	Intervention not eligible
Jiang 2007	Clinical Analysis of the Efficacy of Qianlian Suppository in Patients with Chronic Prostatitis	Outcome not eligible

Tan 2006	Clinical Report of 90 Cases of Chronic Prostatitis Treated with Qianlian Suppository	Intervention not eligible
Wu 2006	Study of 200 Cases of Chronic Prostatitis Treated with Qianlian Suppository	Outcome not eligible
Pan 2005	Observation on the Efficacy of Qianlian Suppository in the Treatment of Chronic Pelvic Pain Syndrome	Outcome not eligible
Feng 2005	Clinical Analysis of 350 Cases of Chronic Prostatitis Treated with Qianlian Suppository	Full text unavailable
Li 2004	Observation on the Efficacy of Qianlian Suppository in the Treatment of Chronic Prostatitis (CP)	Intervention not eligible
Liu 2004	Clinical Observation of 64 Cases of Chronic Prostatitis Treated with Qianlian Suppository	Intervention not eligible
Zhang 2004	Observation on the Efficacy of Qianlian Suppository in the Treatment of Chronic Prostatitis	Population not eligible
Guo 2004	Observation on the Therapeutic Effect of Qianlian Suppository in the Treatment of Chronic Prostatitis	Outcome not eligible
Wang 2004	Report of 76 Cases of Chronic Prostatitis Treated with Qianlian Suppository	Outcome not eligible
Zhang 2003	Observation on the Efficacy of Qianlian Suppository in the Treatment of Chronic Prostatitis Syndrome	Outcome not eligible
Ci 2003	Evaluation of the Therapeutic Effect of Qianlian Suppository in the Treatment of Chronic Prostatitis	Intervention not eligible
Chu 2003	Observation on the Efficacy of Qianlian Suppository in 78 Cases of Chronic Prostatitis	Intervention not eligible
He 2003	Clinical Observation of 89 Cases of Chronic Prostatitis Treated with Qianlian Suppository	Outcome not eligible
Yin 2002	Observation on the Efficacy of Qianlian Suppository in the Treatment of Chronic Prostatitis	Outcome not eligible
Chen 2002	Observation on the Efficacy of Qianlian Suppository in 76 Cases of Prostatodynia	Outcome not eligible
Jia 2001	Study on the Efficacy and Safety of Qianlian Suppository in the Treatment of Chronic Prostatitis	Outcome not eligible
Sun 2001	Observation on the Efficacy of Qianlian Suppository in 29 Cases of Chronic Prostatitis Syndrome	Outcome not eligible

Lv 1999	Study of 60 Cases of Damp-Heat Type Chronic Prostatitis Treated with Qianlian Suppository	Outcome not eligible
Zhang 2021	Clinical Study of Shuangshi Tonglin Capsule Combined with Roxithromycin in the Treatment of Type IIIA Prostatitis	Outcome not eligible
Jin 2016	Clinical Observation on the Treatment of Chronic Prostatitis with Shuangshi Tonglin Capsule	Intervention not eligible
Wang 2015	Observation on the Clinical Efficacy of Shuangshi Tonglin Capsule in the Treatment of Chronic Bacterial Prostatitis	Outcome not eligible