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# Erratum: The Patterns and Determinants of wet cupping use among patients complaining of pain who attended Hijama clinic at King Abdulaziz University Hospital in Jeddah city

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## Erratum to:

Ezzuddin A Okmi, Rajaa M Al-Raddadi, Soad K Al Jaouni. The Patterns and Determinants of wet cupping use among patients complaining of pain who attended Hijama clinic at King Abdulaziz University Hospital in Jeddah city. *Medical Science*, 2020, 24(102), 451-463:

[https://discoveryjournals.org/medicalsecience/current\\_issue/v24/n102/A2.htm](https://discoveryjournals.org/medicalsecience/current_issue/v24/n102/A2.htm)

## 1. ERRATUM

The authors would like to report the following corrections to the published version of the above article. These corrections are intended to enhance clarity and accuracy and do not affect the overall results or conclusions of the study.

### 1.1. Figure–Table Inconsistency

Figure 3 in the published article omitted the category “**Complete cure**”, which is reported in Table 4.

The correct distribution includes:

- **Complete cure (n = 51; 23.7%)**

[A corrected version of Figure 3 is provided with this erratum.](#)

### 1.2. Table Referencing in Text

In the Results section (Okmi et al., 2020; page 458, second line), the sentence:

“pain (43.3%) as presented in Table 2”

should be corrected to:

“[pain \(43.3%\) as presented in Table 3](#)”

**1.3. Clarification of Missing Data and Formatting Note Placement (Table 6)**

Table 6 is labeled as n = 224; however, some variables contain missing data, resulting in varying denominators across rows.

A statement regarding missing data was previously misplaced under Table 3 and has now been removed and placed appropriately under Table 6.

The following clarification has been added to Table 6:

“Percentages are calculated based on available data; therefore, denominators may vary due to missing values.”

**1.4. Clarification of Treatment Sessions**

The description of treatment sessions has been clarified as follows:

“Usually, patients undergo two to three sessions, with any additional session scheduled after a minimum interval of one month.”

**1.5. Ethics Approval Clarification**

Ethical approval for this study was obtained from the Institutional Review Board (IRB) of King Abdulaziz University Hospital, Jeddah, Saudi Arabia (Approval No. 213-18; dated 15 April 2018).

These corrections are intended to enhance clarity and accuracy and do not affect the results or conclusions of the study. They are presented solely to enhance the clarity, accuracy, and transparency of the manuscript.

All corrections are provided in this erratum and the accompanying corrected materials.

**Attachments**

- Attachment 1: Corrected Figure 3 and updated tables 3 and 6
- Attachment 2: A point-by-point response to the reviewer’s comments (for reference)

**2. Attachment 1:**

**Table 3.** Patterns of WCT use among patients complaining of pain attending Hijama clinic, n=231

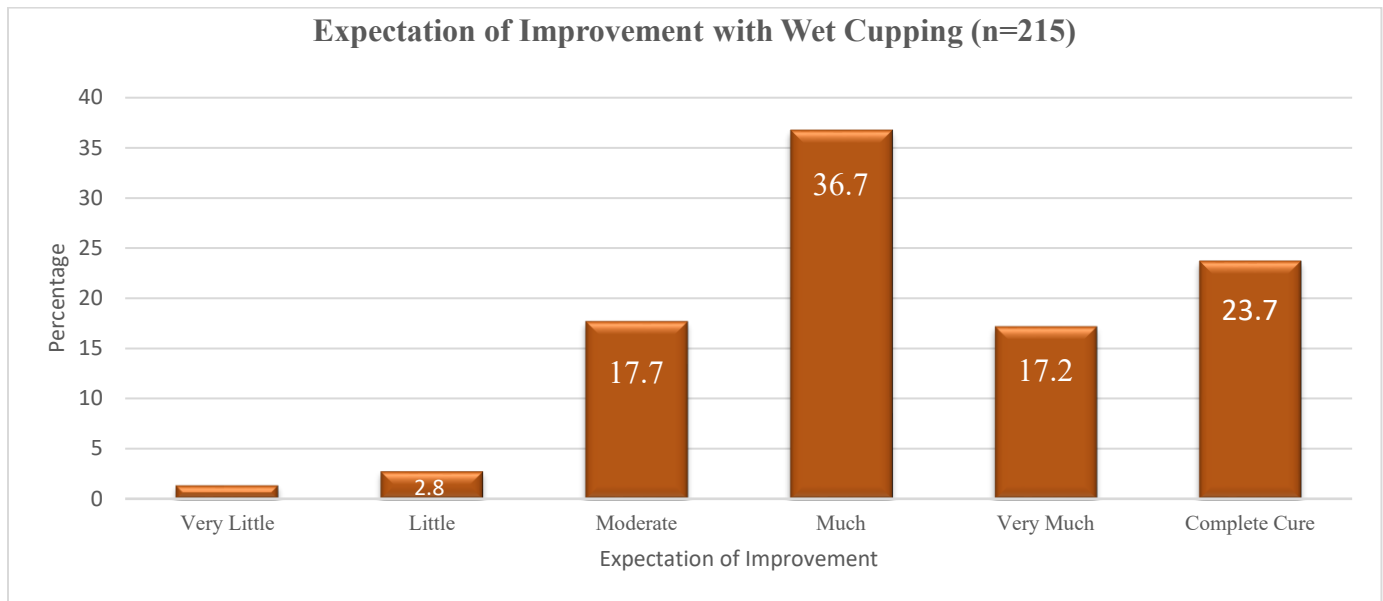
<i>Variables</i>	Frequency	Valid Percentage
<i>Reason for referral (n=231)</i>		
Back Pain	100	43.3
Neck, Shoulder and joint Pain	80	34.6
Headaches and Migraine	51	22.1
<i>Frequency of WCT use in the clinic (n=231)</i>		
Once	78	33.8
Two to three	66	28.6
More than or equal to four	87	37.7
<i>WCT performed in Sunnah days(n=231)</i>		
Yes	52	22.5
No	179	77.5

**Table 6.** Determinants of wet cupping use.

Variables	Types of treatment		P-Value
	Use WCT only	Use WCT simultaneously along with CT or other CAM types	
<b>Age in years (n=224)</b>			
16-35	16(34%)	29(16.4%)	0.015*
36-45	11(23.4%)	34(19.2%)	
46-55	14(29.8%)	61(34.5%)	
>55	6(12.8%)	53 (29.9%)	
<b>Gender (n=224)</b>			
Male	16(34%)	31(17.5%)	0.013*
Female	31(66 %)	146(82.5%)	
<b>Nationality (n=224)</b>			
Saudi	29(61.7%)	106(59.9 %)	0.82
Non-Saudi	18(38.3%)	71(40.1%)	
<b>Marital status(n=216)</b>			
Single	4(8.9%)	27(15.8%)	0.28
Married	36(80 %)	116(67.8%)	
Divorced/Widow/Separated	5(11.1 %)	28(16.4%)	
<b>Level of education (n=221)</b>			
Illiterate	3(6.5%)	14(8%)	0.14
Primary school	4(8.7%)	20(11.4%)	
Intermediate school	3(6.5%)	14(8%)	
Secondary school	2(4.3%)	34 (19.4%)	
University school	24(52.2%)	67(38.3%)	
Postgraduate	10(21.7%)	26(14.9%)	
<b>Occupation (n=213)</b>			
Yes	39(88.6%)	138(81.7%)	0.27
No	5(11.4%)	31(18.3%)	
<b>Income(n=213)</b>			
Poor	5(11.1%)	24(14.3%)	0.40
Average	26(57.8%)	78(46.4%)	
Good	14(31.1%)	66(39.3 %)	
<b>Residency (n=218)</b>			
Titling	21(45.7%)	59(34.3 %)	0.16
Rent	25(54.3%)	113(65.7%)	
<b>Other Chronic diseases (n=215)</b>			
Yes	18(39.1%)	128(75.7%)	<0.001*
No	28(60.9%)	41(24.3%)	

\*P Value is significant (<.05). Numbers in parentheses indicate column percentages.

The total number of observations varies across variables due to missing data



**Figure 3** Expectation of improvement with Wet Cupping.

### 3. Attachment 2:

#### Response to Reviewer Comments

Dear Editor,

We thank the reviewer for the careful and constructive assessment of our manuscript entitled:

“The Patterns and Determinants of Wet Cupping Use among Patients Complaining of Pain at King Abdulaziz University Hospital, Jeddah”

We appreciate the constructive comments and have addressed all points as detailed below:

#### 3.1. Figure–Table Inconsistency (Figure 3 vs Table 4)

##### Reviewer Comment:

Figure 3 appears to omit the “Complete cure” category reported in Table 4 (n=51; 23.7%).

##### Response:

We agree with this observation. The omission of the “Complete Cure” category in Figure 3 was due to a formatting issue, not due to absence of data.

- The correct categories are clearly presented in Table 4 (n=215), where *Complete Cure* = 51 (23.7%), (Okmi et al., 2020; page 458).
- The figure has now been revised to include all categories, ensuring full consistency with Table 4.

##### Action Taken:

✓ Figure 3 corrected to include “Complete Cure” category.

#### 3.2. Statistical Reporting (Table 6, n=224)

##### Reviewer Comment:

Some rows do not sum to totals, suggesting missing data or variable denominators.

**Response:**

We confirm that this is related to missing data across variables, which resulted in variable-specific denominators.

- This is consistent with the study design (retrospective record review), where some variables were incomplete. This approach is standard in retrospective analyses where complete data are not available for all variables.
- The manuscript already states this explicitly in multiple tables:  
“The variables that have less than the total 231 frequencies are because of missing values” (e.g., Tables 1, and 2 footnotes).

However, we acknowledge that this was not sufficiently emphasized for Table 6.

**Action Taken:**

“Differences in totals are due to missing data; percentages are calculated based on valid responses.”

Removed from Table 3 and placed appropriately under Table 6.

**3.3. Internal Inconsistencies (Table numbering and footnotes)****a. Incorrect Table Reference in Text****Reviewer Comment:**

Text refers to Table 2 for reasons for referral, while this is actually Table 3.

**Response:**

We fully agree.

- The correct reference is:
  - **Table 3 (not Table 2)** for reasons for referral (Back pain 43.3%, etc.), (Okmi et al., 2020; page 457–458).

**Action Taken:**

✓ Corrected text (Page 8, second paragraph):

**From:**

“pain (43.3%) as presented in Table 2”

**To:**

“pain (43.3%) as presented in Table 3”

**b. Misplaced Footnote (Missing Data Statement)****Reviewer Comment:**

Footnote about missing data appears under incorrect table.

**Response:**

The statement:

“The variable has less than the total 231 frequencies because of missing values”  
was misplaced under Table 3 instead of its table 6.

**Action Taken:**

- ✓ Repositioned the footnote to the correct table(s).
- ✓ Ensured consistent placement of missing data notes across all tables.

### 3.4. Clarification of Treatment Sessions

The description of cupping sessions in the Methods section may be interpreted as unclear. The intended meaning is that patients typically undergo two to three initial sessions, and any subsequent session is scheduled after a minimum interval of one month.

#### Action Taken:

✓ The corrected statement is as follows:

“Usually, patients undergo two to three sessions, with any additional session scheduled after a minimum interval of one month.”

### 3.5. Ethics Transparency

#### Reviewer Comment:

Missing IRB reference number/date and lack of clarity regarding “multiple studies”.

#### Response:

We appreciate this important point and have enhanced transparency of the ethics statement.

From the original manuscript:

- Ethical approval was obtained from:
  - **Institutional Review Board (IRB), King Abdulaziz University Hospital** (Okmi et al., 2020; page 455)

However, we acknowledge that:

- IRB reference number and approval date were not explicitly reported
- The phrase “**used in multiple studies**” requires clarification

#### Action Taken:

✓ Updated Ethics Statement to include:

- IRB Approval No. : 213-18
- Approval date: April 15, 2018

✓ Clarified that:

- Data were collected under approved protocol with prior consent for research use
- Secondary analyses were conducted in compliance with IRB regulations
- No identifying information was used

✓ Added transparency statement:

“The dataset has been used for approved secondary analyses; all studies comply with institutional ethical standards and data confidentiality requirements.”

#### Summary of Revisions

- Figure 3 corrected (Complete Cure added)
- Table 6 clarified (missing data explanation added)
- Table reference corrected (Table 2 → Table 3)
- Table 3 footnote placement removed
- Number of session clarified
- Ethics section expanded (IRB details + dataset transparency)

These corrections do not affect the results or conclusions of the study and are presented solely to enhance the clarity, accuracy, and transparency of the manuscript.

All corrections have been addressed and are detailed in the attached erratum document.

Sincerely,

**Rajaa Al- Raddadi**

On behalf of all authors

Email: [saudiresearcher@yahoo.com](mailto:saudiresearcher@yahoo.com) / [rmsalharbi@kau.edu.sa](mailto:rmsalharbi@kau.edu.sa)

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### **Conflict of interest**

The authors declare that they have no conflicts of interest, competing financial interests or personal relationships that could have influenced the work reported in this erratum.

### **Data and materials availability**

All data associated with this study will be available based on the reasonable request to corresponding author.

## **REFERENCES**

1. Okmi EA, Al-Raddadi RM, Al Jaouni SK. The Patterns and Determinants of wet cupping use among patients complaining of pain who attended Hijama clinic at King Abdulaziz University Hospital in Jeddah city. *Medical Science*, 2020, 24(102), 451-463: [https://discoveryjournals.org/medicalseience/current\\_issue/v24/n102/A2.htm](https://discoveryjournals.org/medicalseience/current_issue/v24/n102/A2.htm)