



## Rise and Fall of Therapeutic Hypothermia in Low-Resource Settings: Lessons from the HELIX Trial: Correspondence

Dhanya Jayaraj<sup>1</sup> · Srijithesh P. Rajendran<sup>2</sup>

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*To the Editor:* The review article entitled "Rise and Fall of Therapeutic Hypothermia in Low-Resource Settings: Lessons from the HELIX Trial" [1] is well taken. In the article the key studies upon which Krishnan et al. base their opinion are all in press, and are not yet open for reference. In that context, remarking that the current practice of therapeutic hypothermia in LMIC could be considered as malpractice is outrageous to say the least. Making a commentary on in-press data as vanguard of scientific authority is not in keeping with good scientific practice.

Secondly, this is not the first time that the outcome of a systematic review of smaller trials is refuted by larger trials [2]. KK Teo et al. [3] had recommended magnesium sulfate in myocardial infarction after systematic review and meta-analysis of RCTs. However, larger RCT gave contrasting results [4]. Magnesium sulfate is no longer used in myocardial infarction.

It is well within the methods of science that the rigor of conduct of studies improves as resources and experience improve. Many of the early generation trials and their publications in journals appear sloppy from the standards of prevalent standards. This is related to human resources, infrastructure and funding availability, and improvement of experience in conduct of clinical trials. To state that the outcome of HELIX trial conducted in public academic hospitals in LMIC apply to all health care facilities in these countries is inappropriate and not keeping with the data. It is well known that the quality of health care available in public hospital in LMICs is vastly different from that available in corporate private hospitals in these countries. The argument that there is a difference in 'population' is at best a posthoc explanation from the data of the study. It can only

be validated if a multicentric study like HELIX trial is done across health care facilities in LMICs and HICs. It can also be the case that the original study that established neonatal cooling in HICs countries need to be revisited.

We conclude by stating that the cited outcome of HELIX can have different interpretations, and it is not keeping with the practice of science that a practice that is established by previous studies—howsoever flawed—can be called a 'malpractice' even before the new study is available in public domain for wider peer review.

### Declarations

**Conflict of Interest** None.

### References

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✉ Dhanya Jayaraj  
djcalicut@gmail.com

<sup>1</sup> NICU, Khoula Hospital, Muscat 116, Oman

<sup>2</sup> Department of Neurology, National Institute of Mental Health and Neuro Sciences, Bengaluru, Karnataka, India