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Voices from Iraq: Emerging Clinical Evidence and Implications for Global Health Equity

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Abstract
This editorial emphasizes the incredible potential of clinical research coming from regions affected by conflict, with a focus on Iraq's contribution to global health equity. Rather than conforming to typical narratives surrounding conflict, Iraq's clinical research offers a fresh perspective that helps to decolonize the evidence in areas such as oncology, trauma, and maternal health. Despite facing important widespread challenges, Iraqi researchers are delivering critical and relevant insights in six key areas: (1) Gender-specific biochemical markers in rheumatoid arthritis demonstrate higher levels of uric acid and alkaline phosphatase; (2) The Bristow-Latarjet technique for treating shoulder instability achieves an impressive success rate of 75%, even under resource constraints; (3) The epidemiology of traumatic brain injuries in conflict areas reveals that blast injuries account for a staggering 39.5% of cases, whereas conservative management increases mortality risk greatly (OR=20.03); (4) Research on the hepatoprotective effects of Tribulus terrestris extract shows promise against methotrexate toxicity, offering affordable options for managing liver damage due to chemotherapy; (5) A connection between Tetraiodothyronine (T4) hormone levels and higher instances of miscarriage, preeclampsia, intrauterine growth restriction, and low birth weight; and (6) Enhanced levels of inflammatory markers (PCT, TNF-α, IL-6) combined with low zinc levels can predict disease progression, immune dysfunction, and nutritional deficiencies among lymphoma patients in resource-limited settings.
All these studies are a testament to resilience, innovative thinking on a budget, and the critical need to diversify health research. This paper addresses the persistent structural inequalities in academic publishing, where voices from low and middle-income countries are often overlooked, and promotes platforms like the Babcock University Medical Journal as critical for promoting comprehensive scholarship. Key recommendations include focusing on research led by low and middle-income countries, adapting global guidelines to fit local circumstances (like conflict-specific TBI protocols), and encouraging collaborations within the Global South. By emphasizing Iraqi evidence, this editorial seeks to challenge traditional hierarchies in knowledge and calls for a shift in perspective: from viewing conflict zones as barren data environments to seeing them as active centres of innovation. Conclusively, it advocates for fair partnerships to co-create a globally comprehensive and actionable evidence base.

Keywords: Conflict Zones, Decolonizing Health Research, Global Health Equity, Low- and Middle-Income Countries

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A Platform for Underserved Voices

"No one is safe until everyone is safe." Nelson Mandela

Scientific inquiry often thrives in places where challenges drive the need for discovery. Iraq, a nation with a rich history of contributions to medicine and mathematics, has faced political instability, disruptions to its health system, and economic uncertainty in recent years. These factors have impacted both clinical practice and research (1, 2, 3). Despite these challenges, a group of determined scientists and clinicians are emerging, addressing not just local health issues but also broader conversations about fairness, representation, and knowledge creation in global health.

As the global health conversation shifts further towards inclusivity and the decolonisation of knowledge, it is essential to emphasise and support evidence from countries that are underrepresented in high-impact academic publications (4, 5). The underrepresentation of research from places affected by conflict and those with fewer resources is not just a publishing oversight- it also contributes to an ongoing structural injustice that limits the variety of viewpoints shaping global guidelines, clinical protocols, and public health policies (6).

In such environments, regional scientific journals like the Babcock University Medical Journal (BUMJ) play a key role. By displaying and sharing research from places like Iraq, we're helping to break down the biases that often favour data from wealthier regions. We believe that scientific excellence is not determined by location, and the clinical insights from places like Basra, Mosul, or Erbil are just as important as those from cities like Boston, Melbourne, or Geneva, especially when these insights are rooted in the real-world challenges of care delivery and innovative solutions.

This special collection of articles authored by Iraqi clinicians and scholars emphasises the urgency and significance of engaging with science from the Global South on more equitable terms. These studies cover a range of clinical topics but share a commitment to rigour and relevance, offering essential insights into autoimmune diseases, surgical techniques, trauma epidemiology, and endocrine health. Data from local contexts can considerably influence practices at both national and global levels. By bringing these voices to the forefront, we are moving toward a global health ecosystem where every context is valued and every researcher matters.

Why Iraq's Clinical Research Matters Globally

"Health is a global public good—no single country can protect its citizens without cooperation." -Gro Harlem Brundtland (Former WHO Director-General)

In global health research, being comprehensive is not just a nice-to-have; it is a must! When we consider clinical studies from areas with fewer resources or political instability, like Iraq, we tap into essential knowledge that can help shape fair health policies, strengthen health systems, and personalise interventions to what works in specific contexts. Iraq's clinical research, while it sometimes flies under the radar in global discussions, holds key insights into health issues shaped by years of conflict, economic challenges, and a fragile healthcare system.

The studies in this issue tackle common clinical problems like rheumatoid arthritis (RA), traumatic brain injuries, hormone issues, and surgical advancements, all within a unique geopolitical backdrop. The implications of the finding are not merely local; they also shake up preconceived notions, broaden the global evidence pool, and help create a richer, more comprehensive body of clinical knowledge.

The push for regional inclusion in research transcends theoretical bases and is backed by real evidence. In the case of Nigeria, for example, research has shown how localised studies can challenge worldwide assumptions and shape patient-centred care across different countries. A good case is Ani et al. (2023), who evaluated the knowledge of future healthcare providers of patient nutrition and counselling for patients. They emphasised some critical gaps in teamwork across disciplines, promoting educational changes that could resonate far beyond Nigeria's borders (7).

Furthermore, we must appreciate the role of the BUMJ. It is not just a Nigerian national journal; it's a global platform for rigorous research emanating from across the globe. The current Editor-in-Chief emphasises that BUMJ aims to "boost methodologically sound and contextually relevant clinical and public health research from anywhere," prioritising both fairness and quality (8). By displaying studies from places like Iraq, BUMJ is making it clear that research from every corner of the globe, especially from those usually left out, deserves recognition in global conversations about knowledge development.

The Iraqi Contributions

Biochemical Characteristics of Rheumatoid Arthritis among Iraqis: A Gender-Matched Comparative Study (9)

This study examines critical insights relating to the biochemical and immunological factors associated with RA in Iraqi patients, and it focuses on the gender differences among these factors. Interestingly, the study uses a gender-matched design, an approach that is uncommon in research on autoimmune diseases where the findings don't always reflect the reality for both genders. By breaking down the data by sex, this study enhances the understanding of the differential manifestation of RA in men and women, making the findings more relevant for varied groups of patients.

The results also show that serum uric acid and alkaline phosphatase (ALP) levels are higher in RA patients compared to healthy individuals. The 2:1 ratio of females to males matches what is seen globally with RA, but it emphasises the importance of considering gender-specific treatment in Middle Eastern communities, where autoimmune diseases could show up differently due to genetic and environmental factors (10). Furthermore, these findings agree with earlier research that connected high uric acid levels to worse RA symptoms (11) and point out that ALP could be a useful marker for bone issues, an idea that is grossly understudied in limited resource settings.

Besides, this study enriches the ongoing conversation about the importance of conducting culturally and biologically sensitive autoimmunity research. While the global impact of RA is well-known, regional factors like biomarkers, genetic makeup, and environmental influences still need more exploration, especially in Middle Eastern and North African populations. This work emphasises the importance of having research that is rooted in cultural context, similar to calls for more localised studies in West African countries like Nigeria, where autoimmune conditions often go under the radar and are not well-researched (12).

Furthermore, the study highlights the urgent need for personalised and region-specific marker discovery to inform targeted treatments. Likewise, previous research has underlined the need for precise epidemiology regarding neglected tropical diseases and non-communicable issues in sub-Saharan Africa (13, 14, 15). This research from Iraq presents a compelling case for integrating local knowledge with global understanding in bio-clinical research. The focus on affordable, spectrophotometry-based diagnostics is critical for areas lacking access to advanced immunologic testing. Future research should examine the linkage between these markers and disease progresses or responds to treatment in similar groups of people.

Outcomes and Efficacy of the Bristow-Latarjet Technique in Shoulder Instability: A Case Series (16)

The second study evaluated the utility of the Bristow-Latarjet technique in handling repeated shoulder dislocations, specifically in the resource-limited setting of Iraq. The paper demonstrates the effectiveness and the likely complication of the Bristow-Latarjet technique while giving important insights for surgical options that fit well with local needs. Efficiency and contextual fits are priority issues in many low- and middle-income countries (LMICs).

In the study, the investigators assessed the Bristow-Latarjet procedure on sixteen patients who suffered from recurring shoulder dislocations, showing impressive outcomes; About three-quarters (75%) of the individuals had a score of 90 or more on the Rowe scale. This was achieved even with limited resources. The recurrence rate stood at 6.25%, which is impressive when compared to global standards. However, the limited sample size calls for cautious optimism in interpreting the findings. On the flip side, about 25% of the patients had experienced external rotation, a known complication of this non-anatomic repair method. The study takes a practical approach by using open surgery and focusing on post-op rehabilitation. This method may be considered as a model for other low-resource settings where arthroscopic expertise is scarce. These findings agree with recent meta-analyses that show Latarjet's effectiveness in high-risk patients but also underline the need for long-term tracking of the potential risk of osteoarthritis.

A distinguishing feature of this study is that it demonstrates surgical innovation within difficult contexts. Iraqi surgeons have contextualised a proven technique, adapting it to the local environment, leveraging the available expertise, and optimising their resources to achieve pragmatic outcomes. This represents the concept of frugal innovation in global health, where practical solutions are developed, particularly in regions experiencing conflict or economic difficulties. Nigerian orthopaedic teams have experienced similar challenges, especially in places like the Niger Delta, Southwest, and Northeast zones, where injuries from road traffic accidents and conflicts are common, yet advanced surgical options are scarce (17, 18, 19).

The study has implications that extend beyond orthopaedic surgery to broader themes, including trauma care, sports medicine, and rehabilitation services. The findings should inspire clinicians in similar contexts, across Africa, Asia and Latin America, to not just adopt but also adapt and evaluate low-cost, high-impact surgical methods. Moreover, it extends the global discourse on surgical equity, reinforcing the need for better investment in postoperative care and training in LMICs.

Epidemiology and Implications of Traumatic Brain Injury in Patients Admitted to Intensive Care Units: A Cross-Sectional Study (20)

This retrospective analysis of 238 TBI cases in Iraqi Intensive Care Units (ICUs) found a predominance among young males (89%), with blast injuries (39.5%) followed by road traffic accidents (25.6% accounting for most TBI. This fining represents a sharp contrast from the established TBI epidemiology in non-conflict regions (21). With a mortality rate of 20.17%, driven by severe Glasgow Coma Scale scores (OR=19.54) and low blood pressure (OR=10.43), it matches findings from military studies (22). The study's most actionable insight is the association between conservative management and higher mortality (OR=20.03). This reinforces the dire need for timely neurosurgical intervention in resource-constrained settings. The data complements trauma studies in Nigeria (23) and reinforces the urgent call for injury prevention programs in war zones.

The study underscores the need for specialised trauma protocols in conflict areas, where blast injuries account for 39.5% of cases. This pattern is a clear departure from civilian trauma data in stable regions (24). Key predictors of mortality, like hypotension (OR=10.43) and low Glasgow Coma Scale scores (OR=19.54), underline the life-saving potential of basic neurocritical care in resource-limited ICUs (25). The findings align with recent reports from similar conflict-affected regions, suggesting an urgent need for the WHO to develop context-specific trauma guidelines (26).

Protective Effects of Tribulus terrestris Extract on Methotrexate-Induced Liver Damage in Male Rabbits: An experimental study (27)

This study explores the capacity of Tribulus terrestris (TT) extract to protect the liver in male rabbits that were given methotrexate (MTX). MTX is a chemotherapy medication that can cause liver damage. The authors had thirty male rabbits and divided them into five groups: one control group, one group just getting TT, another group only receiving MTX, and two groups getting TT either before or after they got MTX. They measured some liver indicators (like ALT, AST, ALP, bilirubin, and albumin) and checked for any liver tissue changes. The results showed that MTX caused notable liver damage, reflected in high levels of liver enzymes and clear tissue disruptions. However, the groups treated with TT showed impressive recovery in both the biochemical markers and liver tissue health, suggesting that TT has both preventive and curative effects on the liver.

These results corroborate earlier studies that emphasised TT's antioxidant and anti-inflammatory benefits. For example, Kilany et al. found similar protective effects of TT when rats were exposed to carbon tetrachloride, which suggests that the herb helps lower oxidative stress and stabilise cell membranes (28). Besides, both in vitro and in vivo research has pointed to TT's ability to protect the liver due to its active components, like protodioscin and flavonoids, which help manage inflammation and reduce reactive oxygen species (29, 30).

This study is particularly important given the rising use of MTX for autoimmune disorders and cancers, especially in LMICs, where keeping an eye on liver health can be tough due to limited resources. Herbal options like TT could provide affordable and culturally familiar alternatives or supplements to traditional liver-protective treatments, helping to ensure fair access to healthcare. This is particularly essential in places where traditional medicines are an integral part of the healthcare system.

The study adds to the growing proof that plant-based therapies can be effective and emphasises the need for more research to connect traditional practices with global health needs in a safe, fair, and evidence-backed way.

The effect of Tetraiodothyronine hormone levels on miscarriage rate and pregnancy complications among women in Thi-Qar City, Iraq (31)

The article titled "The effect of Tetraiodothyronine (T4) hormone levels on miscarriage rate and pregnancy complications among women in Thi-Qar City, Iraq" shares some important insights from a prospective study that examined the association between first-trimester T4 levels and pregnancy outcomes. In this study, the author assessed 200 pregnant women aged 18 to 40 years while excluding women with known thyroid disorders or other chronic diseases. They measured serum T4 during the first trimester and followed the participants until they delivered their babies.

The results revealed that lower T4 levels were linked to higher rates of miscarriage, preeclampsia, intrauterine growth restriction (IUGR), and low birth

weight. These findings underlined the role of maternal thyroid hormones in early placental development and fetal growth. It contributes to the growing body of evidence that suggests that even minor thyroid anomalies can negatively affect pregnancy outcomes.
Recent studies affirm this suggestion. For instance, a 2023 meta-analysis by Xu et al. in Frontiers in Endocrinology found a strong correlation between maternal hypothyroxinemia and increased miscarriage risk and hypertensive disorders (32). Similarly, a large cohort study from China in 2022 by Huang et al. confirmed that having low free T4 in early pregnancy can predict adverse fetal outcomes, even in the absence of obvious hypothyroidism (33).
The context of this study in Iraq is especially important. With ongoing struggles in healthcare due to conflict, many women face limited access to prenatal screenings and thyroid care. This situation contributes to avoidable pregnancy loss and maternal health challenges. Integrating thyroid screenings into prenatal care, particularly in areas facing resource challenges and conflict, aligns with the WHO's 2022 framework to improve health for mothers and newborns (34). By addressing this regional data gap, the study promotes targeted, evidence-based interventions to reduce risks for mothers and their babies, a necessary step toward achieving global health equity.

Clinical Study of the role of procalcitonin and selected biochemical parameters in patients with Lymphoma in Thi-Qar Province of Iraq (35)
This research conducted in Thi-Qar Province, Iraq, assessed serum levels of procalcitonin (PCT), Tumour Necrosis Factor-alpha (TNF-α), Interleukin-6 (IL-6), and zinc in patients with lymphoma. The study found that inflammatory markers (PCT, TNF-α, IL-6) were higher, while zinc levels were lower compared to healthy controls. This points to a connection between lymphoma's progression, immune system dysfunction, and nutritional shortages, which can affect prognosis and treatment approaches, especially in settings of limited resources.
The findings emphasise the importance of biomarkers in the management of lymphoma, especially in areas where advanced diagnostic facilities are lacking. Higher levels of PCT and IL-6 could suggest that the disease is progressing or that there is a risk of infection, while a lack of zinc points to poor nutritional health, which can further weaken the immune system (36). These insights are particularly critical for Iraq, where healthcare inequalities and the impact of conflict make timely diagnosis and treatment difficult (37).
On a global scale, this study contributes to the ongoing conversation about cancer disparities and emphasises the need for accessible biomarker research in LMICs. Similar approaches driven by biomarkers have improved outcomes for cancers related to infections in sub-Saharan Africa (38). Integrating nutritional support into lymphoma treatment also aligns with international oncology guidelines that promote comprehensive care in LMICs (39).

Collectively, these studies demonstrate the importance of local insights and evidence in the development of context-specific health solutions. They challenge the traditional paradigms of global health in which health interventions are grounded in evidence emanating from high-income countries (HIC) (4). Rather, they advocate for equitable knowledge generation and sharing while also considering the uniqueness of health challenges and cultural contexts of conflict-affected and resource-limited regions.

Cross-Cutting Themes and the Key Implications for Policy and Practice
The studies from Iraq illustrate key themes with relevance to LMICs, especially those in the Global South. They have bigger implications for global health equity, system resilience, and knowledge that emanates from underserved regions.

Equity in Research: Giving a Voice to Clinical Knowledge from Unheard Areas
One common theme throughout these studies is the strong focus on creating evidence that is contextually relevant in LMICs, especially in conflict-affected and resource-constrained settings. In contrast to traditional global health research dominated by HIC, these pieces demonstrate how research that is grounded in local contexts can really reshape our understanding of clinical issues and public policy.
It is established that authors from the Global South are often underrepresented in peer-reviewed research (40), but there is a notable progress with some recent movements reaching towards a more balanced representation. For example, Professor Abiodun, in a keynote address, highlighted the role of indigenous research institutions in Nigeria in stepping up to lead critical epidemiological surveillance and local clinical studies (41). The studies coming out of Iraq also show how local researchers are taking charge of research priorities, using rigorous methods, and ensuring

that their work aligns with the country's health goals.
Traditionally, global health research has been skewed in favour of HICs, which often sidelines valuable input from LMICs. This imbalance has led to what some call "parachute research," where studies are conducted in LMICS without meaningfully involving local researchers, resulting in significant knowledge gaps. The studies under consideration challenge that trend by displaying solid research led by Iraqi scientists, giving a platform to voices from underrepresented regions.
These contributions push for fairness in knowledge production and help create more comprehensive research, especially when international journals and funding bodies back equitable authorship and leadership (42). Such endeavours not only enrich the global scientific discourse they also ensure that research findings are contextually relevant and useful for local communities.

Health System Resilience: Innovating and Adapting in Tough Situations
Another key idea is resilience through innovation. The featured studies show how health systems in challenging situations, whether it is war, economic instability, or infrastructure issues, find ways to adapt service delivery with their resources. Take, for instance, how integrating telehealth in places like Lebanon and Ukraine kept healthcare going during times of displacement and infrastructure setbacks (43, 44). Similarly, during the COVID-19 pandemic, many countries became creative with healthcare delivery, using telemedicine, for instance, to maintain essential services. In Nigeria, the pandemic engendered community-focused service models and digital health platforms, proving the possibility of innovation even in underfunded systems when local actors are empowered (45). These adaptive solutions emphasise how necessity drives creativity and the need for flexible, decentralised healthcare systems for continued service delivery. These examples highlight the potential of systems to develop contextual solutions to tackle specific challenges, eventually boosting the resilience of the entire system.

The Global South Perspective: From Recipients to Contributors in Global Health Knowledge
The most transformative implication of these studies is perhaps the shift from being passive beneficiaries to becoming active contributors. Take researchers in Iraq, for instance; they are not merely just tackling local health challenges, but they are also developing solutions with potentially global applicability
This aligns with the bigger picture of decolonising global health by putting the voices, priorities, and methods of researchers from LMICs in the spotlight (4). Another great example of this is the African Cancer Atlas, where African scientists are taking the lead on genomic data initiatives rather than borrowing ideas from elsewhere (46). Furthermore, there is Babcock University's MSc One Health program, which is a local response to meet global challenges, training public health leaders who can tackle the interconnected health threats we face today from a Global South viewpoint (41).
By shining a light on these contributions, the conversation around global health becomes way more comprehensive, diverse, and truly reflective of the everyday realities that most of the world deals with. Besides, the push to decolonise global health research is all about creating fair collaborations that recognise and value the expertise of LMIC researchers. By stepping up and contributing to the global knowledge pool, countries like Iraq and Nigeria are changing the game in global health, making sure that the solutions we come up with are shaped by a variety of perspectives and experiences.

Reclaiming Context: Towards a Decolonised Evidence Ecosystem

"To decolonise health research is not to localise it; it is to universalise legitimacy- to recognise that excellence is not geography-bound, and relevance is not dictated from the centre" -Olumide Abiodun (Editor-in-Chief, Babcock University Medical Journal)

For way too long, global health research has been dominated by paradigms heavily rooted in the Global North. This has implied that what is considered valuable evidence often overlooks data from vulnerable areas and ignores voices from places like the Middle East and sub-Saharan Africa. A 2023 analysis in Infant and Child Development underscores this bias by demonstrating significantly higher desk rejection rates for LMIC authors. The review of publications in high-impact child development journals showed that between 83% and 97% of the authors are from Western countries, despite LMICs accounting for about 85% of the world's children (47). This is not just an academic issue; it directly influences health policies, interventions, and funding decisions that affect billions of people. Research emanating from Iraq, despite its strength and relevance to their unique context, often gets overlooked (6).

Decolonising the evidence ecosystem transcends rhetoric; it is a critical need if we want fair health outcomes. We must start recognising knowledge that comes from different backgrounds, enable local researchers to take the lead, and open more avenues for publication. Iraq's medical experts navigate clinical uncertainty in tough conditions, innovating not in ideal laboratories but in wards that are stretched thin and systems that demonstrate the scars of conflict. Ignoring their work means ignoring the real-life experiences and breakthroughs that could change global practices (48).

The BUMJ is leading the way in showing how scholarly platforms in the Global South can be revolutionary. The journal is not just a passive player in the global game but is actively displaying, enhancing, and critiquing research from those often left out of the conversation, as evidenced by this issue. According to Abiodun, BUMJ is all about sticking to methodological integrity, staying relevant to the context, and being comprehensive. He points out that the journal's editorial policy is focused on shifting away from dominant publishing norms and giving a voice to perspectives that have usually been on the sidelines in global health discussions (8).

This shift in thinking calls for a team effort. Reviewers need to be trained to understand context better, editors should make a conscious effort to expand what is considered scholarly credible, and funders need to rethink what is regarded as 'universal' knowledge. Also, when articles like the ones in this issue that reflect Iraq's unique clinical situations get published, they should not be seen as exceptions or oddities but as valuable pieces contributing to the global research environment.

Conclusion: Elevating the Margins

"We cannot achieve health equity without confronting racism, power, and privilege." -Mary Bassett (Former NYC Health Commissioner, Health Equity Advocate)

This special issue of the BUMJ is not just another publication; it represents a call to action- an urgent call to bridge the gap between research and real-world policy, between what the evidence says and how we implement it to make things fair for everyone. The researchers who contributed to this issue have rolled up their sleeves to tackle the complicated problems of global health inequities and have demonstrated a real, local commitment to doing the groundwork. Their work reminds us that health justice is not a theoretical aspiration; it is a goal we need to actively strive for in our villages, clinics, classrooms, and council meetings. As was pointed out in a previous commentary on teen mental health in West Africa, locally rooted research is not a luxury; it is a lifeline (49). Without evidence that is grounded in the community, policies become abstract and meaningless. In the absence of platforms like BUMJ, several urgent stories and potential solutions might never get told or tested. This journal seeks to disrupt the norm, not by repeating the same old dominant narratives, but by giving a voice to those on the outskirts who often have the best insights, even if they lack the influence.

Our editorial theme, Voices from Iraq: Emerging Clinical Evidence and Implications for Global Health Equity, ties in perfectly with earlier work about health system resilience during the COVID-19 pandemic. It was noted that resilience without representation simply reproduces inequity under a new name (50, 51). These contributions cover everything, including the politics of evidence, coming together to share a vision: one where health is a right and knowledge is co-created, not just consumed.

This vision involves more than getting published; we need a bridge from what is written on the page to actual policy change. We are urging ministries, funders, and global organizations to consider the insights coming from places like Babcock, Nigeria, Iraq, and similar contexts To translate research into real changes, we have to break down the "glass ceiling" that limits local knowledge systems and ensure that scholars in Nigeria and the entire Global South go beyond being part of the global health conversation but actually shape it. Journals, especially high-impact publications, must mandate LMIC co-authorship for studies conducted in these regions, as a few have done (52, 53).

We are particularly inspired by the authors' mental bravery and innovative approaches. Their commitment reinforces our belief that science speaks in many voices, and every voice contributes to a fairer, more knowledgeable world. It behoves all of us to make space for those voices, not as an act of charity, but as a critical step toward the truth. Finally, we are excited to encourage more collaborations across regions, encourage South-South dialogues, and promote peer-to-peer learning in different contexts. Let us kickstart a new tradition where local knowledge takes centre stage.

List of Abbreviations

ALP: Alkaline Phosphatase
BUMJ: Babcock University Medical Journal

HICs: High-Income Countries
ICUs: Intensive Care Units
IL-6: Interleukin-6
IUGR: Intrauterine Growth Restriction
LMICs: Low- and Middle-Income Countries
MTX: Methotrexate
OR: Odds Ratio
PCT: Procalcitonin
RA: Rheumatoid Arthritis
T4: Tetraiodothyronine
TBI: Traumatic Brain Injury
TNF-α: Tumour Necrosis Factor-alpha
TT: Tribulus terrestris

Declarations

Ethical approval and consent to participate

The writing of this editorial was governed by the ethical standards outlined in the Declaration of Helsinki.

Consent for publication

The authors consented to the publication of the work under the Creative Commons Attribution-Non-Commercial 4.0 license.

Availability of data and materials

The data and materials associated with this research are publicly available in the current issue and existing literature.

Competing interests

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Author contributions

The authors were responsible for all aspects of the review and approved the final draft.

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