**Predatory publisher and impact factor: The murky landscape of scholastic publication**

Dear Editor,

The commentaries by Jain are invaluable for the readers of this widely circulated journal, more so for a fresher in the field of academic publication.\[1\] It will surely sensitise the stakeholders, involved in the process of scholarly publication, to the menace of predatory publishers and counterfeit impact factors (IFs). However, we feel that a glimpse of the other issues associated with them is also essential.

Academic publication has experienced a paradigm transformation since the introduction of the concepts of open access publication (OAP) and non-conventional peer review process. One cannot deny the unambiguous need of cost-free availability of knowledge to every humankind. Even many ‘traditional publication houses’ have embraced the concept of OAP within their realm. However, recently, the model of OAP has seen its fair share of criticism. Publication of the ‘Lists of Predatory Publishers’ has garnered much discussion in both white and grey literature and social media.\[1-3\]* The ‘sting operation’ by Bohannon, where he sent ‘credible but mundane scientific paper’ to many open access (OA) journals, pointed out that Beall credibly charted out the predatory journals.\[2\] Although this list may be of value in making an informed decision by everyone involved in generation and dissemination of scientific knowledge, we must remember that this list includes only OAP.\[3\] In fact, non-OA journals have also published ‘non-sense’ articles.\[3\] Moreover, the scepticism of Beall for OA model is noticeable.\[3\] It is in fact very interesting to read the viewpoints of both Beall and his criticisers.\[2-4\] We think that referencing to both the sides of the coin will help the readers to form an informed decision. Although it is a daunting task, we definitely need to learn to distinguish the predatory from the legitimate OA journals.

IF, provided by Journal Citation Reports*, is commonly used as an evaluative tool for a journal and may be one of the major deciding factors behind submission of research findings to a particular journal.\[1,5\] Such is the fascination with the IF that many spurious matrices have come into front, exploiting the need of having a legitimate looking scientometric/bibliometric indicator for journals with questionable publication ethics.\[5\] However, we must also note that because of certain inherent shortcomings of IF, other well-accepted journal-, author- and article-based matrices have been developed.\[5\]

Until all the collaborators engaged in scholarly publication accepts the pitfalls of IF and devise a unanimous evaluative tool, it may not be possible for many of us to resist the temptation to get published in a journal with high IF. However, we must recognise that the academic value of a journal should not be ascribed based only on its IF. The same is true for an article published in a journal with high IF.

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References


Dear Editor,

A 32-year-old gentleman admitted with high-grade intermittent fever associated with chills, headache and fatigue for 2 days and passage of dark urine for last 6 hours. He had no past history of malaria, and he denied intake of any medicine immediately before this presentation. He had an axillary temperature of 103.6°F, severe pallor, mild icterus, hepatosplenomegaly and coca-cola coloured urine [Figure 1]. Peripheral capillary-blood smear (PBS) showed ring forms of *Plasmodium falciparum* (28,312 parasites/μl). Haemoglobin and haematocrit levels were 6.4 g/dl and 20.3%, respectively, with normal glucose-6-phosphate-dehydrogenase activity (G6PD).

Urine examination was positive for HAEM-test in the absence of red blood cells suggestive of haemoglobinuria. Renal and liver function tests were also deranged. He was managed with intravenous artesunate, crystalloids and packed-red-blood-cell. The PBS became negative for parasite after 48 h, urine colour normalised by day-3.

Blackwater fever (BWF), a rarely encountered clinical entity, is known to occur predominantly in nonimmune individuals residing in *P. falciparum*-endemic areas and receiving inadequate doses of the anti-malarial drug quinine. This medical emergency is characterised by sudden and severe intravascular haemolysis leading to haemoglobinaemia and haemoglobinuria and clinically manifested by anaemia, passage of dark urine and often oliguric renal failure. Though the underlying pathogenesis is poorly understood, association with partial immunity to malaria, G6PD-deficiency with subsequent oxidative-drug exposure, use of amino-alcohols particularly quinine and severe falciparum malaria with normal G6PD levels have been documented. PBS usually documents low levels or absence of *P. falciparum* parasitaemia, as they are destroyed by the haemolytic crisis like in this case. Strong clinical suspicion is the cornerstone of early diagnosis and management to reduce mortality and morbidity.

This was a rare scenario in which BWF developed on the first malarial episode in an adult patient from endemic zone who are unlikely to develop severe life-threatening malaria (unless they leave the transmission area and return...