



SDI Review Form 1.6

Journal Name:	Advances in Research
Manuscript Number:	2014_AIR_10167
Title of the Manuscript:	Delirium due to Datura Stramonium Ingestion: A case report
Type of the Article	Case Study

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty**', provided the manuscript is scientifically robust and technically sound.

To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(<http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline>)



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PART 1: Review Comments

	Reviewer's comment	Author's comment (if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)
Compulsory REVISION comments	<p>This article includes interesting issue about anticholinergic toxicity caused by Herbal Plant using in Turkey. However, I consider that this article missed important issues those should be showed by this case report. I consider that the Author should note these two issues using the manuscript by Hori K et al. (Hori K, et al. Serum anticholinergic activity: A possible peripheral marker of the anticholinergic burden in the central nervous system in Alzheimer's disease. Disease Marker, 3: 1: 2014; Article ID 459013, 6 pages; Hori K, et al.: Why does the progression of Alzheimer's disease accelerate? Ann Psychiatry Ment Health, 2 : 2 0 1 4 ; 1 0 0 6 .)</p> <p>First, this patient is 19 years old. Therefore, his cholinergic system was now developing and was not fully upregulated. Therefore, I speculated that exogenous anticholinergic burden was not ameliorated by the upregulation of cholinergic system, which caused the toxicity of anticholinergicity. Moreover, peripheral anticholinergic insert caused anticholinergic toxicity not only in peripheral system but also in central nervous system. I speculate that downregulation of cholinergic system caused</p>	done



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	<p>hyperactivations of inflammatory system both in peripheral system and central nervous system.</p> <p>Second, after the arrival on emergency room clinical symptoms kept worsen. This meant that anticholinergic cascade was onset. Therefore, clinical symptoms kept worsen. However, soon after the injection of physostigmine his symptoms was drastically improved and kept well conditions and continuous injection of physostigmine was not needed. Thereforehis symptoms was drastically improved and kept well conditions and continuous injection of physostigmine was not needed. Therefore, I speculated that upregulation of cholinergic system cause by the injection of physostigmine might deny the anticholinergic activity. If only competitive action of cholinergic system to anticholinergic activity worked for his symptom recovery, competitive injections of physostigmine had been needed.</p> <p>These two speculations are compatible with “anticholinergic cascade” Hori et al. commented.</p>	
<u>Minor</u> REVISION comments		
<u>Optional/General</u> comments		