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SDI FINAL EVALUATION FORM 1.1

PART 1:

Journal Name:	**Advances in Research**
Manuscript Number:	**2014_AIR_10167**
Title of the Manuscript:	**Delirium due to Datura Stramoniun Ingestion: A case report**

PART 2:

FINAL EVALUATOR'S comments on revised paper (if any)	**Authors' response to final evaluator's comments**
This article includes interesting issue about anticholinergic toxicity caused by Herbal Plant using in Turkey and suggestions for the treatment for anticholinergic toxicity in emergent setting. However, I consider that the Author misunderstand the consents of articles by Hori et al. I show the examples for these points. "First, Hori et al. commented that upregulations of cholinergic system compensate for the anticholinergic burdens, however, cholinerc system is deteriorated such as Alzheimer's disease patients. Our patient is 19 years old. Therefore, his cholinergic system was now fully developing and was not fully upregulated. Therefore, I speculated that exogenous anticholinergic burden was not ameliorated by the upregualtion 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 hyperactivations of inflammatory system both in peripheral system and central nervous system. Second, after the arrival on emergency room clinical symptoms kept worsen. This meant that anticholinergic cascade was onset as reported by Hori et al. 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. 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. Thirdly, we speculate that if the patients are ill caused by anticholinergic toxicity, we should upregulate the cholinergic system as soon as possible. Because there is a	

possibility for abolishing the anticholinergic activity (burden) by upregulating the cholinergic system.	

Note: Anonymous Reviewer