

Authors' response

Sir,

Thank you for your appreciation of our efforts made in the study on grass pea consumption¹. This was a pilot study to know the present scenario of neurolethyrism where the production and consumption were comparatively more. For this purpose we have selected a few blocks, villages of Gondia district randomly based on secondary data available with concerned district authorities. In the study, data were collected on consumption of grass pea, as well as cases of neurolethyrism in the served households (HHs) along with nutritional status. Grass pea samples were collected and β -ODAP level was estimated which was found considerably lower than earlier reported values.

The consumption of grass pea in the studied population was low and most of the subjects consumed it in the form of gravy. As per an earlier report² one needs to consume 300-400 g grass pea (as whole food) continuously for three to four months to get affected, which was missing in the present observation. Since there was less consumption of grass pea, the exposure to β -ODAP was also less. This could be the reason why we did not find new cases of neurolethyrism in the study villages. As mentioned rightly³ we wanted to

know whether there were any cases of neurolethyrism in the served villages except in randomly selected HHs. We used this snowball sampling method to locate neurolethyrism cases in the selected villages. By this method we could find two old cases.

This was a pilot study and based on these results a larger study has to be initiated in Chhattisgarh State. The results of the future study will give better idea about grass pea consumption pattern and neurolethyrism.

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References

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