

tal area of this site is ca. 1300 sq. km, which includes 350 sq. km area of submerged coral reefs. The Angria Bank, which contains the largest submerged coral reefs area of India, is unique due to its rich biodiversity, productivity and geological formation⁵⁻⁷. This bank is said to have began developing after the Holocene sea-level rise a few thousand years ago and coral communities dated 240 yrs BP⁶. This area has a clear water plateau, with coral development and associated marine life forms atop an undulating basalt sea floor, at a depth of 3–200 m. This site was observed with rich diversity of corals (ca. 20 spp.), algae (ca. 57), fishes (ca. 200 spp.), reptiles (ca. 5 spp.), birds (minimum 12 spp.) and mammals (minimum 8 spp.)^{4,8}. Further, the site was reported with large aggregations of myctophids⁹, which makes this bank an important fish-spawning ground of the region. Several threatened species such as marine turtles, whale sharks, whales and dolphins have been observed using this region as their foraging ground^{5,7}. Therefore, this site has been proposed to

be described as EBSA during the Regional Workshop of CBD on the northwest Indian Ocean and adjacent Gulf areas held at Dubai during 20–25 April 2015.

Many organizations such as CSIR-NIO, CMFRI and FSI had organized several physical and ecological surveys in this region. There are no protection measures in place to regulate human activities in this area. The State Forest Department and the Maharashtra Tourism Development Corporation are interested in protecting the region and in developing it into a tourist spot respectively^{3,4}.

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Publishing on hypoglycemic encephalopathy, borrowing information without giving credit: is *Current Science* invisible?

Annual seasonal outbreaks of what was popularly called acute encephalitis syndrome in Muzaffarpur, Bihar were clinically diagnosed in 2013 by us as non-infectious, toxic, hypoglycemic encephalopathy¹. Epidemiological and circumstantial evidence pointed to litchi-associated risk factor of causation¹. The toxin was pinpointed as methylenecyclopropylglycine (MCPG)¹. Thus, our first publication in May 2014 in *Current Science*¹ was a breakthrough after many groups of investigators had failed for many years to diagnose the disease or provide any plausible causative associations¹.

In 2014, we confirmed with clinical evidences that the disease is indeed hypoglycemic encephalopathy and the patients could be saved with prompt correction of hypoglycemia². These results were published, again in *Current Science*² in August 2014.

We then read a paper in March 2015, by a large group of investigators, stating that the disease is acute hypoglycemic encephalopathy with putative association

with litchi, as if they were the first to arrive at such a conclusion³. The authors of this publication had been investigating the cause of this disease for many years, including in 2012, as we were informed in Muzaffarpur by the local doctors. Our 2013 investigations which appeared in May 2014 in *Current Science*¹ were a watershed. The studies of Shrivastava *et al.*³ published in January 2015 in *MMWR* have not cited our earlier contributions – one reason could be that *Current Science* is invisible in the usual biomedical literature surveys. However, when we conducted a simple literature search through a popular search engine, we found references to both our papers^{1,2}. Further, the first paper published in May 2014 in *Current Science*¹ was also cited by a US group⁴ in 2015. Therefore, missing out on the literature search is unlikely to be the case for Shrivastava *et al.*³. If this was a deliberate act of omission, so as to appear that they were the first to unravel what used to be called a mystery disease, it amounts to scientific misconduct.

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