

2012 September 5<sup>th</sup>

- Dr. Joel Herskowitz
- Negligence →

### Neurology Visit -Dr. Joel Herskowitz:

Another neurologist was attempted in 2012, Dr. Joel Herskowitz.

The first appointment takes place on September 5<sup>th</sup>,2012:

3859615^NARENDRA JANA^1984-10-27 00:00:00^Joel Herskowitz^92605

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#### NEUROLOGY SPECIALTY GROUP

September 05, 2012

Charles Rosenbaum, M.D.  
65 Fremont Street  
Marlborough, MA 01752

RE: JANA, NARENDRA BMC MRN: 3859615  
DOB: 10/27/1984 DATE OF VISIT: 09/05/2012

Dear Dr. Rosenbaum:

I had the pleasure today of seeing Mr. Jana for neurologic consultation. As you know, he is a nearly 28-year-old man from Bolton, who came to see me accompanied by his mother to address the question of "What do I do now?"

As you are not doubt well aware, the history here is extraordinarily complex. At the present time Narendra is living at the home of his parents in Bolton. Also living at home are his maternal grandparents, who are said to be in good health. His only sibling, 29-year-old Sanyukta, is a marketing manager with Yahoo in San Francisco. His mother, who has a PhD in biophysics, owns and operates a consulting business. His father is a computer engineer with Intuit. Mr. Jana finds electrical engineering interesting, but he feels compromised (to be elaborated upon) to the extent that he questions whether he will ever be able to pursue a career in this area. He would very much like not to live at home.

He attended Penn State through his senior year and was 3 courses shy of graduation. This consisted of 2 electives and 1 electrical engineering class. He was able to polish off the 2 electives last year at Boston University. He ventured forth into the electrical engineering class, but found that he really had not grasped enough from electrical engineering studies to continue, so he dropped out. He linked his memory difficulties primarily with ECT he received in 2010.

At this point Mr. Jana has few social contacts. He said that he has reconnected with a friend of his from high school and is able to visit him from time to time in Washington DC. For the most part, he says: "I don't leave the confines of my room." He feels that it is "difficult to re-acclimate" to the world and he prefers not to venture out.

He states that he has a "continuous" feeling of "headache and agitation." It is not, however, as he goes on to describe it headache in the usual sense, but an unusual feeling which he describes as "something stimulating." This occurs several times per week. It builds up to an increasing state of agitation. This agitation includes prominent symptoms of being "elated." He refers to this state as "rapture" or "being enraptured." The feeling builds to such a degree that he feels "you have to do something." That something proves to be getting into his car and driving to nowhere in particular for some 45 minutes. He listens to music during this period of time and very much enjoys the music (typically "techno"). When he arrives at wherever he gets to, he sets his GPS and journeys back home. He acknowledges that his mental state during these episodes is not normal. It is altered. He is somewhat "out of control" (his expression) as he engages in the automatic behavior (my expression) of driving. He has had 2 or 3 speeding tickets and has had to take a safe driving course. He has to this point not lost his license (but seems to have been on the cusp of doing so).

When he gets home he "crashes" in terms of sleeping. Needless to say, these episodes, which have occurred several times per week for the last several years,

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9/6/2012

There were short term memory difficulties in 2012 from ECT as mentioned in the report; long term memory as still intact. The seizures are describes clearly in the Herskowitz's report.

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interfere with an orderly eating and sleeping cycle.

I spent 2-1/4 hours with Mr. Jana face-to-face -- interviewing and examining him with a 5 to 10-minute break. Some 20 minutes of this time was, with his permission, in the presence of his mother, who provided background and foreground information.

Over the years Mr. Jana has also complained of a "stomach sensation" his mother indicated, for which he has undergone endoscopy. He has been seen by a neurologist at the Beth Israel Hospital. I do not have that report. I do have a report of magnetic resonance imaging of the brain done in December 2008, which suggested the possibility of a "pattern of mineralization" of the globus pallidus. Around that time Mr. Jana was recognized to be experiencing elevated manganese, which he had been taking as self-medication. A repeat MRI at the Beth Israel-Deaconess Medical Center February 2010 was read as "unremarkable" without signal abnormality involving the deep nuclei.

Mr. Jana has the capability of delving into the medical and neurologic literature, he and his mother indicated. He was treated with a chelating agent, EDTA, and also with para amino salicylic acid by mouth and intravenously. He underwent a number of intravenous treatments in 2009 with Dr. Fong in Reno, Nevada, initially consulting with him August 2009.

Mr. Jana feels that the para amino salicylic acid "does work," but the effects are only transient -- a few hours.

In 2008 began treatment with a psychologist, Dr. Richard Falzone. Discussions with Dr. Falzone lead to evaluation through Maclean Hospital. For reasons I do not fully understand, ECT (electroconvulsive therapy) was considered for treatment. Ultimately, Mr. Jana was voluntarily admitted to McClain Hospital where he underwent a series of unilateral ECT treatments, first one side then the other. He feels that his cognition without a doubt has been worsened by these treatments. He considered pursuing legal action against Maclean Hospital for "what they convinced me to do." I do not believe any legal action is in process or pending.

Dr. Herzkowitz mentions the 2010 MRI which had erased images and followed by a fraudilated report.

Medical statement in this report is based on fraud.

The long standing cognitive effects from ECT are mentioned in Dr. Herzkowitz's report as well.

....

He stood 5 feet 6 inches tall and weighed 116 pounds. Blood pressure was 90/60 with a pulse of 96. His palpebral conjunctivae were deep pink. Upon examination of his eyes he had between the 10 o'clock and 2 o'clock positions of his irides a milky discoloration. Optic disks showed sharply defined temporal margins. Cranial nerves 1 through 12 were examined. All were normal, including visual acuity of 20/20 with correction.

He is right-handed. Tone was diminished. His calves were not enlarged or doughy. He did not have a myopathic facial appearance. He had a fine distal tremor symmetric bilaterally. Sensation was intact to light touch and localization. Coordination was normal on finger-to-nose and tandem gait testing. A Romberg sign was absent (normal). He was able to stand on either leg for at least 10 seconds. Knee jerks were readily elicited. I could elicit the left deep tendon reflex at the ankle with facilitation only, not at all on the right. Plantar responses were downgoing.

This is a complicated situation indeed. Mr. Jana presents at this point with episodes lasting one or several hours characterized by agitation and euphoria associated with automatic behaviors related to driving, followed by a "crash" in the sense of sleeping and perhaps physical exhaustion (my expression). He does not seem to be a hyperreligious person. He does not keep a diary. His behavior, according to his mother, took a serious turn for the worse after head trauma while he was in Spain. He has a history of smelling something "bad" that is not actually present. He had an EEG some time after his ECT, he recalls, but has never been seen by a seizure specialist.

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9/6/2012

Where do we go from here?

Given the post-traumatic episodes of rapture, automatic behavior, and altered mental state described above, I strongly recommend that Mr. Jana be evaluated by a neurologist who has particular expertise in psychomotor seizures.

My Jana expressed to me "I want to be my old complete self again." This may or may not be possible. He may need to adjust to new realities, the realities of today. I thought that working with a psychotherapist who could provide support, coaching, and insight work as needed could be helpful. I recommend Dr. Tom Gerbe of Sudbury. He might also benefit from formal career counseling.

I recommend followup neuropsychologic testing. My sense is that it will not show intellectual decline -- which should be of some comfort for Mr. Jana.

Some jottings on an MRI report indicate that there has been consideration of Wilson's disease, presumably somewhere along the line serum, copper, and ceruloplasmin levels having been obtained. I would like to ensure that these have in fact been checked and are normal, along with liver chemistries.


I defer to other specialists as to whether followup MRI (with special attention to the temporal lobes) would be worthwhile. I see no compelling reason at this time to carry out another imaging study of brain.

I don't know what to make of the discoloration of his irises. At some point it might be worthwhile for him to be seen by an ophthalmologist or a neuro-ophthalmologist.

Given the propensity for manganese to affect motor as well as psychiatric functioning, I thought it would be worthwhile for Mr. Jana to see Dr. Dan Tarsy, a neurologist at Beth Israel-Deaconess Hospital who specializes in movement disorders.

I asked that Mr. Jana return to see me for follow up examination on Wednesday, September 26 at 11 a.m. I am available before then should the need arise. I appreciate the opportunity to participate in his care.

Sincerely,

  
Jonathan Herskowitz, M.D.  
Neurology  
617-414-4501 / 617-414-4502 fax

THIS WAS ELECTRONICALLY SIGNED - 09/06/2012 11:32 AM CST

JH/Spheris:/mt104954  
D: 2012-09-05 14:17:00  
T: 09/05/2012  
Job #98659853

cc: Mr. Narendra Jana  
134 Drumlin Hill Road  
Bolton, MA 01740

<https://websrvr2.spheris.com/ccsnet/Common/reportBody.cfm?reportID=1085039>

9/6/2012


The neurologist notes an inability to illicit responses in the left hemisphere of my physiology and notes that my irises are discolored. Dr. Herskowitz indicates cervical spine degeneration by his inability to illicit responses in left hemisphere along with optic neuropathy. Dr. Herskowitz is consulted at least three times thereafter with a lack of appropriate recommendations for additional tests.

Given my presentation and clinical history there would be a clear indication for MRIs (of brain and spine) to show the progressive nature of neurological damage from Multiple Sclerosis and more tests. This is a clinical opportunity to stop the condition that isn't pursued by the neurologist. This was later found to be intentional.

As mentioned by Dr. Herskowitz the presence of seizures is clear and apparent. This is the period of "rapture, automatic behavior, and altered mental state."

The reason for the evasiveness may have been with the intent of keeping the nature of the condition "vague" intentionally. If medical statements are kept "vague" in a condition that is easy to demonstrate the nature of the symptoms it would be easy to misportray MS as something else or to limit clinical obligation. Which is what happened in the US.

The second appointment takes place on September 26<sup>th</sup> 2012:

3859615^NARENDRA JANA^1984-10-27 00:00:00^Joel Herskowitz^92605	Page 1 of 2	3859615^NARENDRA JANA^1984-10-27 00:00:00^Joel Herskowitz^92605	Page 2 of 2
PEDIATRIC SPECIALTY GROUP		Joel Herskowitz, M.D. Pediatric Neurology 617-414-4501 / Fax 617-414-4502	
September 26, 2012		THIS WAS ELECTRONICALLY SIGNED - 09/30/2012 9:02 AM CST	
Charles Rosenbaum, M.D. 65 Fremont Street Marlborough, MA 01752		JH/Spheris:/mt9497 D: 2012-09-26 10:50:00 T: 09/27/2012 Job #98660716	
RE: JANA, NARENDRA DOB: 10/27/1984	BMC MRN: 3859615 DATE OF VISIT: 09/26/2012	cc: Georgia Montouris, M.D. Boston Medical Center Boston, MA 02118	
Dear Dr. Rosenbaum:			
Narendra, nearly 28 years old, a resident of Bolton, returned on time for his 11 a.m. appointment for followup neurologic examination.			
He had an incident of some note yesterday. He woke up feeling "hung over," which he says is typical, although he does not use drugs, including alcohol. He drove to Dunkin Donuts, again in a usual manner, in a semiautomatic or automatic fashion. He spent some time trying to fix his laptop, installing and reinstalling a program. Somewhere in that process, the memory or image of a young woman, a student who had taken a course with him several months ago, entered his consciousness. He then became agitated and excited to a degree that (in my words) seemed nearly overwhelming. Somewhere in that process, he developed a throbbing headache which was primarily left-sided. He experienced some "dizziness" and found himself vomiting several times.			
He mentioned another incident, without headache, where the day before his grandfather died (which had been anticipated), he was walking around, perhaps with an altered mental state, and things had an "orange sheen" to them. He has not had other such instances of this visual coloration. There was no headache associated with this.			
He has not recently had the smell of something burning.			
I carried out a limited examination of Narendra. He was a pleasant, bright-eyed, articulate young man. He weighed 117 pounds, which is up one from my examination of 3 weeks ago (September 5, 2012). He walked well in tandem and stood on either leg for 10 seconds. Visual fields were normal to single and double simultaneous stimulation.			
On limited examination, Narendra is neurologically stable. The incident he described yesterday has features of a somewhat complex migraine.			
He has met twice with psychologist Tom Gerbe, Ph.D.			
He is due to see neurologist Georgia Montouris, a seizure specialist at Boston Medical Center, on Friday.			
I asked that he return to see me for followup examination in 3 to 4 months. I am available before then should the need arise.			
I appreciate the opportunity to participate in his care.			
Sincerely,			
			
3859615^NARENDRA JANA^1984-10-27 00:00:00^Joel Herskowitz^92605		3859615^NARENDRA JANA^1984-10-27 00:00:00^Joel Herskowitz^92605	

There are clear indications of seizures and optic neuropathy in the report written by Dr. Herskowitz. There was a clear need for additional diagnostics and MRIs.

After Boston Medical falsifies both the MRIs report and EEG report I see Dr. Herskowitz again on September 4<sup>th</sup> 2013:

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PEDIATRIC SPECIALTY GROUP

September 04, 2013

Charles Rosenbaum, M.D.  
65 Fremont Street  
Marlborough, MA 01752

RE: JANA, NARENDRA BMC MRN: 3859615  
DOB: 10/27/1984 DATE OF VISIT: 09/04/2013

Dear Dr. Rosenbaum:

Narendra returned for followup examination. He is presently nearly 29 years old and is continuing to reside at the home of his parents in Bolton. He polished off the last of his electrical engineering required courses at Boston University and has been granted a baccalaureate degree from Penn State University: Bachelor of Science in Electrical Engineering.

Although he continues to find electrical engineering interesting, he finds that things like nanotechnology are a bit overwhelming. He finds himself gravitating towards management. He indicated that his sister was a biology major at Carnegie-Mellon and went from there into marketing where she was described as being successful in that field. He thinks he might like to get a Master's in business administration degree in management. He is going to be taking some courses both in electrical engineering and management and see what shakes out.

He has been meeting on a weekly basis with Dr. Gerbe and indicated that these have been tremendously helpful sessions.

He has been seen around a 6-monthly basis by Dr. Georgia Montouris. He indicated that she tried him on valproic acid for headaches which was not of benefit and which seemed to influence his liver chemistries.

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He said that he had his eyes examined in 2012. He continues to have altered perception of color, for example, calling a yellow tape measure in my office, yellow-green. He feels that the episodes where he drives around and engages

<https://websrvr2.spheris.com/ccsnet/Common/reportBody.cfm?reportID=1126234> 9/16/2013

The effects of the brain lesion seen in the Boston Medical MRI (December 27<sup>th</sup>, 2012) is mentioned in Dr. Herzkowitz's report. "Altered perception of color".

Valproic acid isn't appropriate for those who have MS or inflammatory lesions. It would worsen the clinic condition and in an inappropriate recommendtation.