


2013 November 8th

- Dr. Stefanos Kales - Cambridge Health Alliance – Cambridge, Massachusetts
 - Criminal Negligence →

Cambridge Health Alliance - Dr. Stefanos Kales

Dr. Stefanos Kales replicates the same medical negligence as Dr. Ellen Salurand in March 15th 2010, denying treatment for a condition under toxicology. The treatment under toxicology and neurology is similar.

<div data-bbox="210 487 840 568">Cambridge Health Alliance Division of Occupational and Environmental Medicine</div> <div data-bbox="210 568 840 649"><div>Stefanos N. Kales MD, MPH, FACP, FACOEM Division Chief, Occupational & Environmental Medicine Medical Director, Employee & Industrial Medicine (617) 665-1580 Fax (617) 665-1672</div><div>Associate Professor of Medicine, HMS Associate Professor, Harvard School of Public Health Director, Occupational Medicine Residency, HSPH</div></div> <div data-bbox="210 649 840 682">November 8, 2013</div> <div data-bbox="210 682 840 763">Charles Rosenbaum, MD 65 Freemont Street Marlborough, MA 01752</div> <div data-bbox="210 763 840 803">RE: Narendra Jana - DOB 10/27/1984 CHA U#1217141</div> <div data-bbox="210 803 840 836">Dear Dr. Rosenbaum:</div> <div data-bbox="210 836 840 917">I had the pleasure of seeing Mr. Narendra Jana for consultation on November 13, 2013, with Dr. Laurent Benedetti, a resident in the Harvard Occupational and Environmental Medicine. The purpose of today's consultation was to address his questions regarding ingested Manganese exposure.</div> <div data-bbox="210 917 840 950">History:</div> <div data-bbox="210 950 840 1031">Mr. Jana provided a detailed account of his symptoms and exposure history. Briefly, he explained that over a three month period at the end of 2008 he reports taking 50 mg. of manganese pill supplements, and is concerned there was excessive exposure. Since then he explains he has been experiencing distressing neurologic and cognitive symptoms.</div> <div data-bbox="210 1031 840 1128">He is presently a masters student in electrical engineering at Boston University. He does participate in IT engineering work study. He denies any other known occupational or environmental exposure to manganese. His hobbies include hiking. There is no report of other non-work environmental exposures or hobbies that put him at risk of manganese exposure.</div> <div data-bbox="210 1128 840 1161">Past Medical History:</div> <div data-bbox="210 1161 840 1226">His past medical history is significant for depression and he has been under psychiatric care in the past. He reports he continues to receive counseling. He reports remote head injury in college, with no loss of consciousness.</div> <div data-bbox="210 1226 840 1258">Family History:</div> <div data-bbox="210 1258 840 1291">Mr. Jana denies any known family history of mental illness or seizures.</div> <div data-bbox="210 1291 840 1380">Cambridge Hospital • Department of Medicine • Suite 427 1493 Cambridge Street • Cambridge, MA 02139</div>	<div data-bbox="1050 487 1890 552">Jana, Narendra November 8, 2013 Page 2</div> <div data-bbox="1050 552 1890 584">Habits: Mr. Jana denies any cigarette, alcohol or other recreational drug use.</div> <div data-bbox="1050 584 1890 617">Allergies: Mr. Jana states he has had adverse reactions to Risperdal.</div> <div data-bbox="1050 617 1890 649">Medications: Omega 3, Zinc, Niacin</div> <div data-bbox="1050 649 1890 698">Herbal or complimentary remedies: Mr. Jana states he has received chelating treatment with para amino salicylic acid for manganese toxicity with limited benefit. However, his symptoms persist.</div> <div data-bbox="1050 698 1890 730">Review of Systems: In addition to the symptoms described in Mr. Jana's history, he denies fevers, chills, nausea, vomiting, diarrhea, chest pain, cough, difficulty breathing or skin rash.</div> <div data-bbox="1050 730 1890 763">Physical Examination: Vitals: BP 112/70 HR: 68 Wt: 122 lb Ht: 66" BMI: 19.7 Well-groomed, thin, well-developed 29 year old right handed male. On exam, skin appeared normal. No cervical or supraclavicular lymphadenopathy. Face symmetric, tongue midline, pupils equal reactive to light and accommodation. Cranial nerves II-X grossly intact. Ears without evidence of inflammation or drainage. Tympanic membrane normal. Lungs clear to auscultation bilaterally. Heart regular in rate and rhythm without murmurs, rubs or gallops. Abdomen soft, nontender, nondistended. Muscle tone normal. 5/5 strength in upper and lower extremities, equal and symmetric. No fasciculations observed. No evidence of upper or lower extremity dysmetria. No evidence of dysidiadochokinesia. Slight, fine resting tremor observed in both hands not associated with intention. Romberg negative and gait normal. Deep tendon reflexes in upper and lower extremities within normal limits throughout. Judgment and orientation to place, person and time normal. Mood and affect appropriate. Full range of motion in upper and lower extremities with full range of motion at the hip.</div> <div data-bbox="1050 763 1890 795">Labs: Manganese blood : None detected Manganese urine corrected for creatinine : 2.3 (<3 ug/g Cr)</div> <div data-bbox="1050 795 1890 828">MRI Brain Review:</div> <div data-bbox="1050 828 1890 1380">The blood test by Dr. Kales is most likely falsified since future MRIs show prominent MRI features of manganese toxicity in the brain.</div>
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Two brain MRIs were reviewed by the Cambridge Health Alliance Department from 12/18/2008 and 10/27/2102. Findings revealed a high signal in the globus pallidus bilaterally on the 12/18/2008 study, but this was not apparent on the later study. The final impression was no significant intracranial abnormality.

Impressions:

Mr. Jana is a pleasant, 29 year old male who seeks consultation today for possible manganese exposure. Based on current labs, there is no evidence to support manganese toxicity at present. Blood tests for manganese and manganese urine corrected for creatinine levels do not show evidence of toxicity. The later brain MRI study did not show evidence of persistent pathology compared to the initial MRI read. Based on our exam and test results, we cannot explain Mr. Jana's current symptomatology as being related to manganese and would not recommend any clinical treatment directed at manganese toxicity at this time. Further follow up with Neurology and/or Psychiatry is advised.

Thank you for the opportunity to participate in Mr. Jana's care.

Sincerely,


Stefanos N. Kales, MD, MPH, FACP, FACOEM

cc: Mr. Narendra Jana

Dr. Kales references a MRI with a falsified report in his report, the 2012 December 27th MRI.

Both blood and urine tests are most likely falsified considering the presentation of toxicity in all future MRIs including the most recent MRIs in 2019. The toxin is hard to remove without treatment in hospital settings.

Most toxicologists know this: Manganese (because it builds up in our skeletal system and muscles) wouldn't show up in an MRI after chelation but will becomes visible within a month after chelation due to the nature of the toxicity (the toxicity is persistent).

All future MRIs shows a T1 intensity in the basal ganglia of my brain that goes down to the cervical spinal column. The toxicity causes neuroinflammation and effects the CNS resulting in multiple sclerosis. The toxin also effects specifically iron and copper metabolism (clinical research articles available) along with mitochondrial functioning.

Most MRIs have fraudulated reports to try and hide the clear presence of a toxin in the central nervous system but any lay person could see the toxicological feature in the MRI without a radiology report.

