


2018 March 19<sup>th</sup> onwards

- Berlin, Germany
  - Dr. Stefanie Klaffke


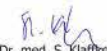
Dr. Stefanie Klaffke becomes the long term treating neurologist in Berlin, Germany after the ER appointment in Bundeswehrkrankenhaus. She completes the course of IV medication in an outpatient setting from the hospital. Her clinical summary since then is given below:

<div style="text-align: right; border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>NEUROLOGIE BERLIN-MITTE</b>          Friedrichstraße 185          10117 Berlin (Mitte)          Telefon 030-44 88 60 2          Telefax 030-42 80 92 72          praxis@neurologie-berlin-mitte.de          www.neurologie-berlin-mitte.de       </div> <p style="text-align: center; font-size: small;">Neurologie Berlin-Mitte - Friedrichstr. 185 - 10117 Berlin</p> <p style="text-align: right;">Berlin, 19.03.2019</p> <hr/> <p>Herrn <b>Narendra Nirmal Jana</b>, geb. am 27.10.1984        w/h.: Markgrafenstr.68, 10969 Berlin</p> <p><b>Background:</b></p> <p>Narendra Jana is a 34-year-old university graduate, who is an engineer by profession and presented with relapse remitting multiple sclerosis historically but secondary progressive MS now due to length of clinical course (approximately 12 years). His records indicate normal developmental milestones and above average aptitude prior to clinical presentation of MS. He is a non drinker and non recreational drug user and never has been historically.</p> <p><b>Under my Care</b> (since March 2018):</p> <p>Narendra Jana, patient since March, 2018 presented as a follow up from an ER appointment in Bundeswehrkrankenhaus, Berlin on the 17<sup>th</sup> of March 2018 with a clinical history of MS starting from 2008. He presented in ER with a "fixation disturbance and nystagmus hypoesthesia entire left body halftone, decreased reflex status left" and "finger-pointing" difficulties.</p> <p>I was recommended "for further therapy. In summary, a sufficient long-term therapy and regular connection to a Neurologist".</p> <p>The treatment started in ER (IV methylprednisolone) was completed with (three more days of IV methylprednisolone given 1 gram each day outpatient in my clinic. Rebif 20 mcg was prescribed thereafter taken every other day trialed for a period of 5 months from March 2018 to July 2018. Due to limited efficacy the patient was switched to Tecfidera 240 mg twice a day from July 2018 to January 14<sup>th</sup> 2019.</p> <p>A VEP was done in August 10<sup>th</sup> 2018 showing "left optic neuropathy".</p> <p>A neuropsychological-report dated August 11<sup>th</sup> 2018, indicated reduced processing speed with his executive functioning and decision making mostly preserved. Tests for visual attention and task switching is below cut off. Tests with respect to global functioning, memory functioning, attention span, and language are average.</p> <p>Three days of IV methylprednisolone were administered in July 2018 by Dr. Luis Amaya in Mexico City again.</p>	<p>With the given information the patient researched Rituximab by consulting several hospitals in Europe and presented his clinical history to a clinician in India, Dr. Pushpendra Remyen, and the neurology team in Apollo Hospital, New Delhi. Rituximab was administered following a blood test and JV Virus test at a dose of 1 gram separated by two weeks (two times) as the starting dose</p> <p>The neurologist also did a VEP test to show the progressive demyelinating optic neuropathy, which shows latency in both eyes now (only left eye before).</p> <p>Further therapy with Rituximab is planned in India.</p> <div style="text-align: center; margin-top: 20px;">         Dr. med. S. Klaffke        Fachärztin für Neurologie     </div>
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Narendra  
Jana

The clinical course of treatment starts with her prescription of Rebif (interferon) but the medication use is limited due to insurance restrictions imposed by the United States. The US will deny payment for any medications through insurance specifically for multiple sclerosis to try and further disease progression.

The medications eventually evolve to Tecfidera (240 MG twice a day) and then its determined that I have a secondary progressive form of MS that requires a more severe course of treatment with far more effective medications. The secondary progressive nature (progressive neurological damage) of the condition is due to medical negligence in the US.

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Prescriptions for the medications for MS are specifically restricted by the US by insurance are rendered unaffordable by the negligent doctors in the US even with doctors willing to treat the condition abroad. Moreover the medications are not appropriate for secondary progressive MS (the medications would have to be the IV medicalizations colored in red above Fingolimod).

