2019 January 14th Apollo Hospital Neurology – New Delhi, India – Dr. P. N. Renjen
Dr. P. N. Renjen

Dr. Renjen and his team of well versed neurologists reviewed the 10 years or more of medical data that evolved to secondary progressive MS. They determined that I would need Rituximab to stabilize my condition as was stated in Mexico by Dr. Luis Amaya and a number of nurses in several hospitals in Europe.

The cost of Rituximab is different in different nations, in the US is could be more than 20 k USD, in Mexico it approximately 9.5 k USD but in India its approximately 1 k USD, which is an effective cost when the US specifically restricts medications for MS by playing with cost through insurance. His report is comprehensive and describes why the condition would require Rituximab, the clinical progression warrants that I be given a specific type of medication of MS that is called a mono clonal antibody that doesn't work in the short term but in the long term (more than several months). The doctor gives it almost immediately considering the nature of the case but first does a VEP test to show that my condition is progressive.

Mr. Narendra Nirmal Jana ID #: 00033626

Neurophysiology Division ***Department of Neurosciences***
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Name: Mr. Narendra Nirmal Jana
Address: ip-240818 Apd1.10961238;;4429
Gender: Male
Ref. Physician: Dr P.N. Renjen
Patient ID: 00033626
Age : 34 y
Date : 15/Jan/2019

Background of MS since 2008 admitted for treatment with Rituximab.

Full field Pattern reversal VEPs were obtained from an Oz-Fz channel following independent stimulation of either eye.

Well replicable and symmetric responses were obtained both sides, with the major positive peak P100 latency mildly prolonged at 130 ms either eye.

IMPRESSION :::

Pattern VEPs reveal bilateral symmetric, mild demyelinating optic neuropathy.

dr. bhanu pant, **mbbs, md(med), dm(neuro)**
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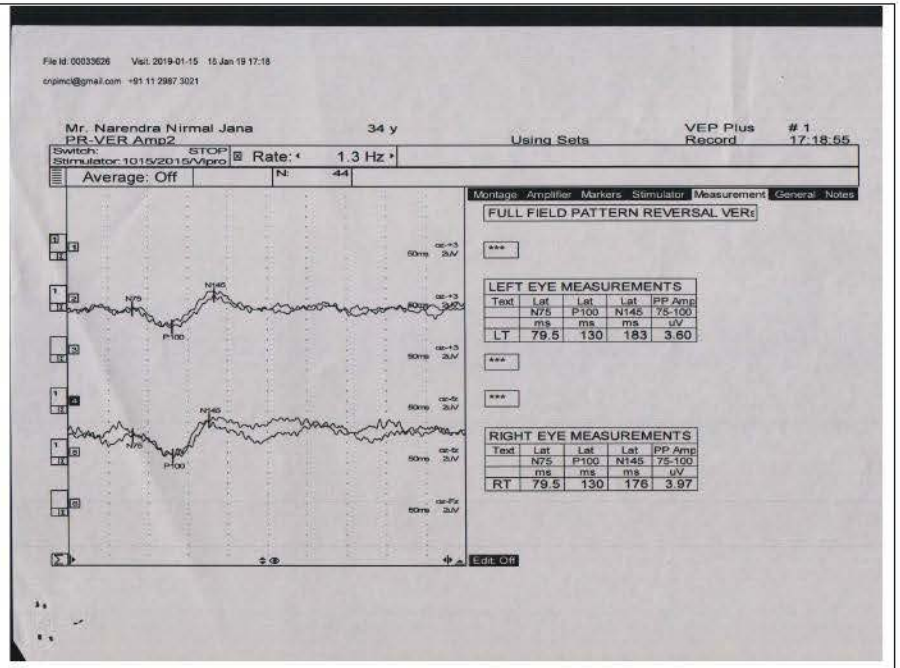

The VEP (its shows optic neuropathy) shows that the optic neuropathy is progressive (both eyes are effected by the progression of the condition):

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Discharge Summary

Dept. of NEUROLOGY

General Information

UHID	APD1.0010961238	**Patient Identifier**	DELIP240818
Ward/Bed No	4th Floor Tower-III , 4th floor T3 ward,Bed no:4429		
Name	Mr. NARENDRA NIRMAL JANA		
Age	34Yr 2Mth 20Days	**Sex**	Male
Address	usa,Other-City-United States of America,Other-State-United States of America		
Primary Consultant	Dr. P N RENJEN NEUROLOGY		
Admission Date	14-Jan-2019		
Discharge Date	16-Jan-2019		
Allergies	No known allergy		
Diagnosis	..		

Secondary-progressive MS

Present Illness

History of Present Illness

Mr. NARENDRA NIRMAL JANA, a 34 years old software engineer came to IAH with history of secondary-progressive MS (diagnosed outside) and has been under treatment with multiple disease modifying agents with progressive clinical deterioration and multiple acute attacks since 2017. Patient's symptoms started in 2008 with headache, tingling and numbness and persistent pain in distal extremities of both upper and lower limbs. He was on NSAIDS for persistent pain for initial 2-3 years. Vision impairment started in 2012 which was suggestive of optic neuropathy. MRI cervical spine in Jan 2017 showed hyperintensity in cord (both T1 and T2). Patient

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developed weakness in both limbs (left more than right) since 2017 April associated with difficulty in walking and visual impairment persisted. Multiple pulses of intravenous methylprednisolone was administered since October 2017. His vision showed mild improvement but limbs weakness and difficulty in walking persisted. He was treated with Fingolimod (for 5 days) then subcutaneous interferon beta (alternate day) for several months with no significant improvement. He also underwent plasmapheresis in 2018. VEP in 2018 was suggestive of mild optic neuropathy. Patient is presently having persistent difficulty in walking and needs a stick occasionally for activities of daily living. His sensory symptoms of tingling, numbness and paraesthesia in bilateral hands and feet persists as his visual impairment. He is presently on Tab Dimethyl Fumarate 240 mg twice daily since last 4-5 months, but his symptoms have progressed. Patient is now admitted under Dr. P N Renjen (Sr. Consultant, Neurology) for further evaluation and management.

Clinical Examination

On Examination

Afebrile
Pulse Rate: 80/minute
Blood Pressure: 110/70 mmHg
Respiratory Rate: 16/minute
No clubbing / cyanosis / pedal edema / icterus / pallor / lymphadenopathy
Chest: Bilateral clear
CVS: S1, S2 Normal / No murmur / rub / gallop
P/A: Soft, No tenderness, No distension
CNS: Conscious, alert
Speech normal
EOM full
Left sided grip 40%
Right sided grip 60%
DTR (+) all four limbs
Power RUL 4+/5, LUL 4/5
RLL 4+/5, LLL 4/5
Decreased pain, temperature and vibration sensation in bilateral limb (left > right)
Proprioception / Joint position sensation impaired bilateral feet
Ataxic gait
Finger-nose and heel-knee test positive in left side
Romberg's test positive
Plantars bilateral flexor

Course In The Hospital & Discussion

After admission, serial MRI Brain and MRI Spine studies (done outside) were reviewed. His VEP and other previous

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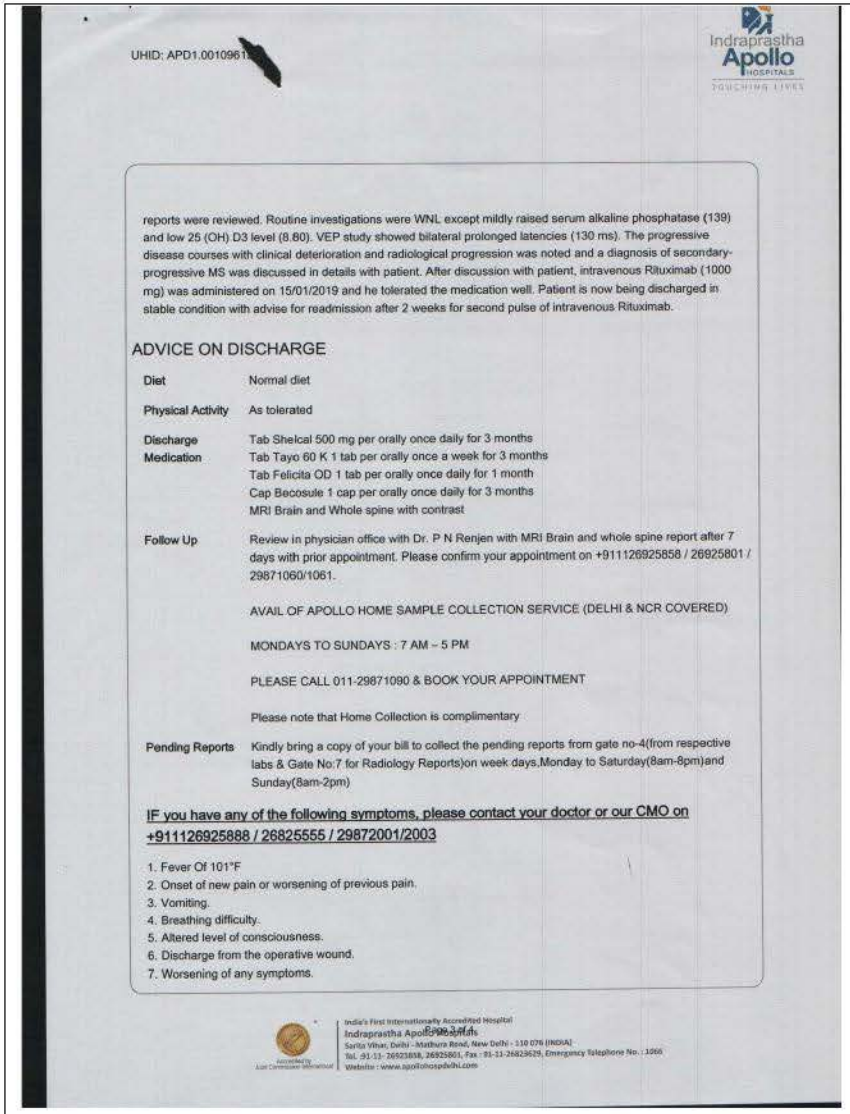

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reports were reviewed. Routine investigations were WNL except mildly raised serum alkaline phosphatase (139) and low 25 (OH) D3 level (8.80). VEP study showed bilateral prolonged latencies (130 ms). The progressive disease courses with clinical deterioration and radiological progression was noted and a diagnosis of secondary-progressive MS was discussed in details with patient. After discussion with patient, intravenous Rituximab (1000 mg) was administered on 15/01/2019 and he tolerated the medication well. Patient is now being discharged in stable condition with advise for readmission after 2 weeks for second pulse of intravenous Rituximab.

ADVICE ON DISCHARGE

Diet	Normal diet
Physical Activity	As tolerated
Discharge Medication	Tab Shelcal 500 mg per orally once daily for 3 months Tab Tayo 60 K 1 tab per orally once a week for 3 months Tab Felicita OD 1 tab per orally once daily for 1 month Cap Becosule 1 cap per orally once daily for 3 months MRI Brain and Whole spine with contrast
Follow Up	Review in physician office with Dr. P N Renjen with MRI Brain and whole spine report after 7 days with prior appointment. Please confirm your appointment on +911126925858 / 26925801 / 29871060/1061. AVAIL OF APOLLO HOME SAMPLE COLLECTION SERVICE (DELHI & NCR COVERED) MONDAYS TO SUNDAYS : 7 AM – 5 PM PLEASE CALL 011-29871090 & BOOK YOUR APPOINTMENT Please note that Home Collection is complimentary
Pending Reports	Kindly bring a copy of your bill to collect the pending reports from gate no-4(from respective labs & Gate No:7 for Radiology Reports)on week days.Monday to Saturday(8am-8pm)and Sunday(8am-2pm)

IF you have any of the following symptoms, please contact your doctor or our CMO on +911126925888 / 26825555 / 29872001/2003

1. Fever Of 101°F
2. Onset of new pain or worsening of previous pain.
3. Vomiting.
4. Breathing difficulty.
5. Altered level of consciousness.
6. Discharge from the operative wound.
7. Worsening of any symptoms.

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8. Other significant concerns.

Please visit our website: www.apollohospdelhi.com

Dr. P N RENJEN
NEUROLOGY
Primary Consultant

Registrar/Resident

Please understand your discharge prescription from your doctor before using the medicines.
You can contact Emergency Room Physician, INDRAPRASTHA MEDICAL CORPORATION LIMITED at 26925858 or 1066.
Typed by 145073

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This report is far more accurate and typical of a person with a presentation of MS. Brain and spine neurodegeration along with T2 lesion in the cervical column.