


2007 and 2008 Neurology

- Boston and Brookline Massachusetts
 - Dr. Michael Biber

The etiology of the case is neurological but the condition is mistreated under psychiatry not only to ineffectiveness (no medication produced any effect in the condition) but also in causing further neurological damage by mistreatment:

There were no medications given that limited the progression of neuroinflammation or neurodegeneration created by the condition. Thus it was negligence from 2007 as is demonstrated by this neurology report:

<p><u>Michael P. Biber, MD, PC, 1180 Beacon St., Suite 2D, Brookline, MA 02446</u></p> <p>NEUROLOGY OFFICE VISIT NOTE</p> <p>Date: August 2, 2007</p> <p>Patient: Narendra Jhana</p> <p>Medications: None</p> <p>Chief Complaint: Multiple somatic symptoms with compounding attention, executive function, and memory dysfunction</p> <p>Neurologic Problems:</p> <ol style="list-style-type: none">1. Multiple somatic symptoms with compounding attention, executive function, executive function, and memory dysfunction: During the two weeks or so since his last visit, Narendra notes that there may have been some slight decrease in the intensity of his somatic symptoms. These include variable discomfort in his knee joints and hands. Also, he has some ill-defined discomfort in the posterior aspect of his lower legs. At times, he has hypoesthesia in his C8 dermatomes. It is notable that, by his description, all of these symptoms are symmetric when they occur. What is asymmetric is a feeling of incoordination of his left limbs.2. Possible right C4 radiculopathy: He continues to have some discomfort in his right C6 dermatome.3. Cervicogenic head pain: He has had some pain in the right C2 dermatome.4. Right peripheral facial hypoesthesia secondary to involvement of the spinal tract of the right trigeminal nerve: This symptom continues intermittently. <p>Neurologic Examination: I did not examine Narendra today.</p> <p>Discussion: Dr. Hoffschmidt suggested the possibility that Narendra's neuropsychological deficits could represent a prodrome of a thought disorder. Dr. Michael Alexander, who saw Narendra a week ago, was leaning in this direction, also. However, I am skeptical about this option but acknowledge that it cannot be excluded. In terms of cognitive functioning, Narendra complains mostly of difficulty thinking quickly and accessing old memories. He has difficulty with word finding at times. He does not have delusions or hallucinations. Dr. Alexander reported that Narendra described a lack of a "pyramid of knowledge". When I explored this with Narendra today, he apparently meant that he is having difficulty accessing memories and knowledge that he has gained previously.</p>	<p>August 2, 2007 RE: Narendra Jhana Page Two</p> <p>Recommendations:</p> <ol style="list-style-type: none">1. I think it would be worthwhile for Narendra to have an independent psychiatric second opinion, and I am referring him for this.2. Narendra did take Ritalin, prescribed by Dr. Brown. I seemed to have a very mild beneficial effect on his organizational abilities, at a tiny dose of 5 mg q a.m., but when he increased the dose to 20 mg, it seemed to have a detrimental effect on the same functions. He stopped it. <p>Return: I am asking Narendra to see me in follow-up in six weeks, after he has had the second-opinion psychiatric consultation.</p> <p> Michael P. Biber, MD, PC MB/tp/mkc cc: Gary Trey, MD</p> <p>Narendra Jana</p> <p>People with MS have an inability to take psychiatric medication due to their inability to recover from even small doses of</p>
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left limbs and the C4 and C2 (cervical) dermatomes are effected indicating that the cervical column was inflamed.

The doctor does indicate the headache that becomes prevalent by December of 2008 which is the effect of a large T1 inflammatory lesion that isn't medically imaged until 2008.

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NEUROLOGY OFFICE VISIT NOTE

Date: January 24, 2008

Patient: Narendra Jana

Medications: None

Chief Complaint: Multiple somatic symptoms with compounding attention, executive function, and memory problems

Neurologic Problems:

1. Multiple somatic symptoms with compounding attention, executive function, and memory problems: There has really been no striking change in Narendra's condition since I last saw him in August 2007. Today, he brought in a list of problems that been occurring. These have included tremors of his hands when he is doing repetitive activity, such as typing; loss of mental focus; difficulty registering things that he wants to remember; absentmindedness; persistence of light after-images when he sees bright lights; and a feeling of being detached from his environment. He, at times, spends too much time sleeping during the day. He is discouraged but says that he is not depressed. He did lose a substantial amount of weight, but his weight may be somewhat more stable recently. Narendra's October 17, 2007 EEG was normal. At my suggestion, Narendra did see Dr. Russell Vesile at BIRMG, who then referred him to Dr. Richard Falzone at McLean Hospital. Narendra saw him twice but then, in part because his family moved to Bolton, MA, he stopped seeing Dr. Falzone but then did see Dr. Deborah Rosene, a psychologist in Watertown. He has seen her four times.
2. Possible right C4 radiculopathy
3. Cervicogenic head pain: He continues to have some pain in the right side of his head. Sometimes there is also left-sided pain, but it is less than the right-sided discomfort.
4. Right peripheral facial hypoesthesia secondary to involvement of the spinal tract of the right trigeminal nerve

Neurologic Examination: I did not examine Narendra today.

Recommendations:


1. I am asking Narendra to give me a release so I can speak with Dr. Falzone and possibly Dr. Vesile about his condition.
2. I do not know whether Narendra has underlying depression. I am not convinced that he does. However, I do believe that there is an underlying major psychologic contribution to his somatic symptoms.

He again describes the physiological effects of a condition that effects a person's spinal column. Tremors and C4 radiculopathy that becomes progressive cervical neurodegeneration.

stimulants due to neuroinflammation. Medications for relapse remitting MS would have been useful in this instance. But the diagnostics were never done.

January 24, 2008
RE: Narendra Jana
Page Two

Return: Six weeks


Michael P. Biber, MD, PC

MB/tp/mkc

cc: Gary Trey, MD

Narendra
Jana