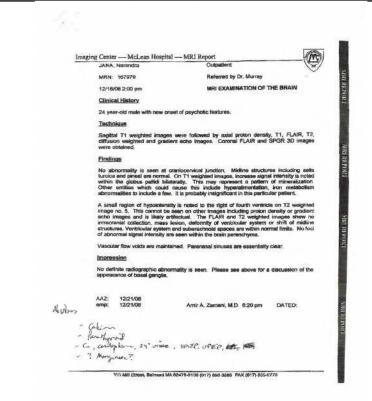
2009 August 20th, 2009 December

- UMass Memorial Hospital Outpatient and Emergency Room
 Worcester, MA
 - Negligence under emergency room toxicology →

UMass memorial emergency department - Denial of Treatment under Toxicology causing Neurodegeneration



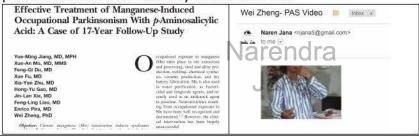
According to Dr. Evan Murray's note in the MRI report he understood that I had an Mn toxicity. He states "?Manganese?" as the last footnote in the article. He still refuses to treat the toxicity and appears to have directed other doctors to do the same.

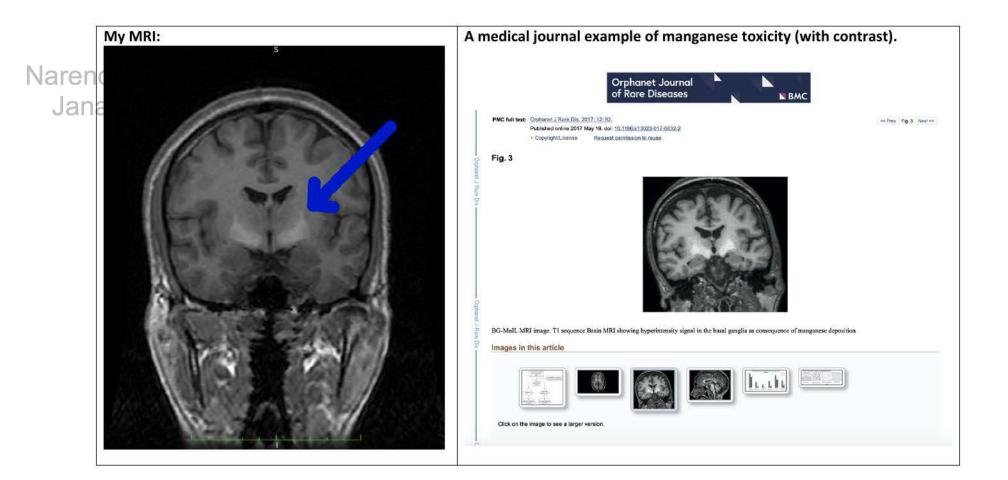
The toxicity is well researched and has a number of unique properties, the first being that its persistent and though there is temporary relief from metal chelators like EDTA-Ca it doesn't stop that toxicity. It causes a mitochondrial syndrome that effects cellular respiration that causes recurrent lesions in brain and spine (multiple sclerosis).

There is a belief that its the underlying cause of the condition Multiple Sclerosis due to its similarity in causing progressive loss of functional mitochondria in brain support cells leading to inefficient myelination and eventual sclerosis. 14 to 20 % of people with multiple sclerosis have the same bilateral intensity in the basal ganglia similar to my MRI but the intensity is far less prominent them mine. By correlation these two conditions have the greatest overlap.

There is a research article by Dr. Wei Zheng of Purdue university that describes the ineffectiveness of EDTA-Ca chelators and denotes how the condition is similar to symptoms in multiple sclerosis (eg. Pseudobulbar effect):

There is also a video by Dr. Zheng that shows what the presentation of a Mn toxicity would look like:





MASS MEMORIAL MEDICAL CENTER CENTER AODKESS 001601184 JANA, NARENDRA N MRN: 001601184 ADM/SVC: 08/20/09 DOB: 10/27/84 AGE: 24 SEX: M BIRTHDATE/AGE Narend ACCT#: 00023351031 AFOICAL RECLAD NOMEEN PRINT PLEARLY IN INK OR IMPRINT WITH PATIENT'S CARD Triage Time: JHLIN HI Greet Time: 1406 Accompanied by: Self & Family & Friend Other Arrived by: o Helicopter Walk in □ Wheelchair Information Provided by: Patient - Family - Translator - Other Language Spoken: o Spanish a Other Language Interpreter Called n Interpreter Phone Used □ Monitor Pre-hospital care: 02 □ C-collar □ Backboard NA @ Medication o Splint Dressing Other Chief Complaint: Triage Assessment: (Wgt PRECAUTIONS NA NA Contact precautions (purple) Last Tetnus Airborne D Neutropenic > 5 years a Y a N Respiratory / Droplet mask applied Past medical/surgical history NA SUICIDE RISK ASSESSMENT D NA In the last 2 weeks have you had ANY thoughts of hurting yourself in some way? □ Yes ☑ No (IF Yes ♥) BRIEF RISK ASSESSMENT THA Have you thought of ANY ways to hurt yourself? Fall Assessment: Low o High (pink bracelet) Smoker - Yes -No - Cessation / Education offered Do you have access to a gun or other means to hurl SUSPECTED ABUSE/EXPLOITATION ASSESSMENT yourself? a Yes a No Any cultural or religious practices that may affect your care Have you tried to hurt yourself in the last year? today? W No D Yes omestic o Yes P No D NA Elder Abuse o Yes o No Z NA Do you think you might try to hurt yourself here in the Child abuse/Neglect 🛭 Yes 🗈 No 🗷 NA hospital or leave before completing treatment? □ Yes □ No Is anyone taking advantage of you financially? DYes,aNo DNA Social Services offered D Yes D No Triage Interveptions UMass Police notified Visual Acuity -NA - Corrected - No correction Left eye 20/ Both eyes 20/ D EKG DIV D Lab work □ Ice □ WC □Stretcher Directed to: Q WR Q Adult pod Q Pedi Q PP Prompt Q EMH Q Trauma Q Room # o Emergent Urgent o Non-Urgent 810876 Rev 11/08

The toxicology consultation occurs on August 20th 2009 but there is no acknowledgement or treatment in the hospital in a outpatient consultation.

The toxicologist would have known that the toxicity is unresolvable due to how it distributes in our physiology. The emergency treatment then should have been dialysis with concomitant chelation to reduce the toxicity and limit neurological damage. EDTA (given in IV then) only has a temporary effect followed with anti inflammatory medication (Para Aminosalicylic Acid) that has a limited effect. This is why all future MRIs (that don't have erased series images and which aren't fraudulent) show the same toxicity.

Narendra Jana

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Jana

The second attempt at a consultation with toxicology happens in 2009 December at UMass Memorial in a emergency room setting:

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There is no acknowledgement in the hospital of the clear presence of toxicology and there is no treatment.

But the hospital doctors and nurses were clearly aware of what was happening.

A urine toxicological screening was ordered but the results aren't materialized. It isn't required due to the presence of the finding in the MRI (the MRI feature automatically indicates the toxicity).

Its easy to demonstrate that many of these hospitals tried to hide the underlying medical pathology in toxicology. Since many tests for a specific toxicity (manganese) were attempted to be hidden it could be determined that they knew what they were mistreating under medical toxicology.

In order to limit obligation under medicine, the MRI series images are either erased or not recorded in a subsequent MRI series on 2010 February, 22nd (criminal fraud).

The mentality here is that "if we erase the features that show the toxicity in the MRI series then according to doctors in the US it a complete series, which is unrealistic and immature. The MRI done in 2/22/2010 is fraudulated for this reason, the MRI series has a number of T1 and T2 images missing making it a incomplete series.

How this fraud was perpetuated in later demonstrated when a MRI clinic erases 799 MRI images to try and hide the pathology. The neurotoxicity is persistent for a decade and visible in all future MRI series images as a T1 intensity in the same area (globus pallidus) (15 or more brain MRIs show the same feature that causes progressive neurodegeneration), MRI with contrast agent makes it even more clear in some MRIs.