

2010 August 25th

- Dr. Evan Murray and Dr. Steven Siner
 - Criminal Malice and Assault in a Medical Setting →

A treatment called Electro Convulsive Therapy (ECT) (it involves intentionally causing seizures with an electric current to the head) is given in August 25th 2010.

This was due to coercion by Dr. Evan Murray by withholding appropriate medical treatment under toxicology and neurology.

In 2010 Dr. Murray's first attempt at coercing me into ECT was denied in April 29th 2010:

Narendra
Jana

HRN 167979 VIS 1148982
JANA, NARENDRA Addressograph
AKA
DOB 10/27/84 AB2
REACH C4/29/10 M

ECT CHECK LIST

Please complete prior to the start of patient's first treatment and place on the front of the chart. Be sure that all pieces of documentation are in the chart. If anything is missing, please call ext. 2355 and discuss with the ECT Treatment Team.

- Completed and signed informed consent
- Physician's order for ECT
- ECT Consultation Note
- Medical Clearance Consultation
- Labs (CBC with diff, CMP, TSH, HCG, if female and child-bearing age)
- EKG
- Other Medical/Diagnostic Testing as referenced in ECT and/or Medical Consultation Notes (i.e., Neuro Eval, MRI, Stress Test, etc.)
- ECT Flow Sheet
- Copy of Current Medication Administration Sheet
- Check to be sure that some standing morning medications (i.e., antihypertensives, cardiac meds, GERD meds) are ordered to be given with sip of water at least 2 hours before ECT treatment. (Make note when given before sending patient for treatment)

Pt will not be having ECT after all.

date

signature

#1255 (revised 11/07)

The report states "patient will not be having ECT after all". There was something wrong with Dr. Murray's behaviour when recommending ECT, which was then the second time. It was later

Narendra
Jana

determined that he was perpetuating intentional harm on the patient (me) through inappropriate medical recommendations.

In August 2010 Dr. Murray coerced me into ECT by limiting other appropriate medical options under toxicology and neurology and it predictably caused harm to the patient, me.

Narendra
Jana

Last name: Jana		Gender: Male	DOS: MCLean ECT Suite
First name: Narendra		Height: 68 inches	OR#: 1
MR#: 167979		Weight: 58 Kg	ASA class: 1
DOB: 10/27/1984		Age: 25 Year old	BMI:
Attending Anesthesiologist: Mehaffey Carolyn	Attending Out:	Anesthetist: Nichols-Stout AnnMarie	Anesthetist Out:
Machine Check: Yes	Case Details: Pre-op Diagnosis: MDD Planned Procedure: ECT MCL Admission Type: Inpatient	Anes. Type: General	Allergies: Drug Allergies: NKDA

Drugs - Print											
Glycopyrrolate	(mg)	0.2									0.2 mg
Propofol	(mg)	30									30 mg
Methohexal	(mg)	80									80 mg
Succinylcholine	(mg)	70									70 mg

PACU Vitals											
HR	77	81	77	78	80	81	153	124			
SpO2	100	100	100	100	100	100	100	100			

CVS											
BPS-NI	136										
BPD-NI	91										
BPM-NI	109										
ST LII		0.5	0.3		0.1	0.2	1.8	0.2			

Event List											
Time	Name	Status	Duration	Comment							
08/30/2010 10:45 AM	22 ga IV Inserted										
08/30/2010 10:46 AM	A-Time										
08/30/2010 10:47 AM	O2 by face mask										
08/30/2010 10:48 AM	B-Time										
08/30/2010 10:48 AM	Mask Ventilation										
08/30/2010 10:59 AM	C-Time										
08/30/2010 11:00 AM	D-Time										

Compliance			
Start time	Name	e-signature	
08/30/2010 10:46 AM	Pre-initial ECT procedure: pertinent patient data reviewed by visit pt. anesthetic risk assessed	Mehaffey Carolyn	
08/30/2010 10:45 AM	C120 Pt re-assessed (ID, site/laterality, immediately prior to induction)	Mehaffey Carolyn	
08/30/2010 10:46 AM	C130 Visit present at induction/emergence/all critical times/always immediately available.	Mehaffey Carolyn	

ECT Anesthesia Record	08/30/2010 10:44 AM - 08/30/2010 10:59 AM	Page 1 of 1
-----------------------	---	-------------

The treatment is given to reduce the effects of depression but is a medically unsubstantiated therapy and contraindicated in people who have MS. Its malice in medicine and banned as a therapy in most countries for an appropriate reason, except in the US, which remains

Narendra
Jana

antiquated to medical logical that it causes neurological damage. In my case it caused rapid neurodegeneration that could easily be seen in future MRI series.

ECT is contraindicated in people who have MS (multiple sclerosis) because there is a very high chance that intentionally causing seizures with electricity would cause lesions or a hemorrhage in the areas of the electric current is applied in a person who has MS. The MS patient would be unable to recover from the neurological insult due to MS. (ECT did not cause amnesia in my case but it did rapidly further disease progressing in MS).

The very first instance that optic neuropathy was mentioned to severity was the days after ECT (problems with eyesight weren't mentioned before to the same effect even in optometry appointments).

The first time optic neuropathy was written about was in late 2010 and early 2011 (there is an email record of it). The type of optic neuropathy was immediately apparent as constrain of visual fields and reduction in base eyesight (due to a very large and immediately formed lesion in the occipital lobe [the lesion becomes bigger immediately from the past MRI]) I repeatedly mentioned it to my parents, including sending them emails (the emails are available for reference). Which means that the treatment caused a brain lesion or hemorrhage immediately effecting eyesight. The onset of optic neuropathy was almost immediate from the therapy by historical reference, and rapidly furthered the progression of MS.

An email was sent to Dr. Sarath Bhimineni in May 26th, 2012 that describes optic neuropathy resulting from ECT in the later part of 2010 after ECT.

SECURE-Narendra Jana-Symptoms



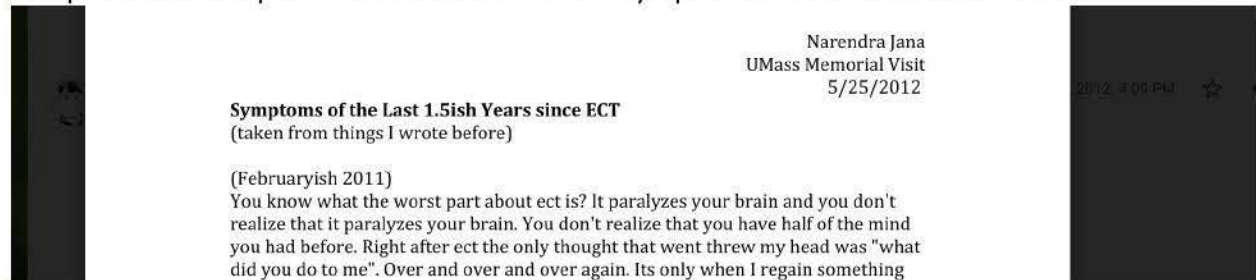
Naren Jana <njana5@gmail.com>
to sarath.bhimineni

Sat, May 26, 2012, 4:09 PM

Hello,
I attached the document that goes through my symptoms from when I had ECT in late 2010 October as I stated earlier.
-Narendra Jana



The preface of the preface of the email starts "Symptoms of the Last 1.5ish Years since ECT":

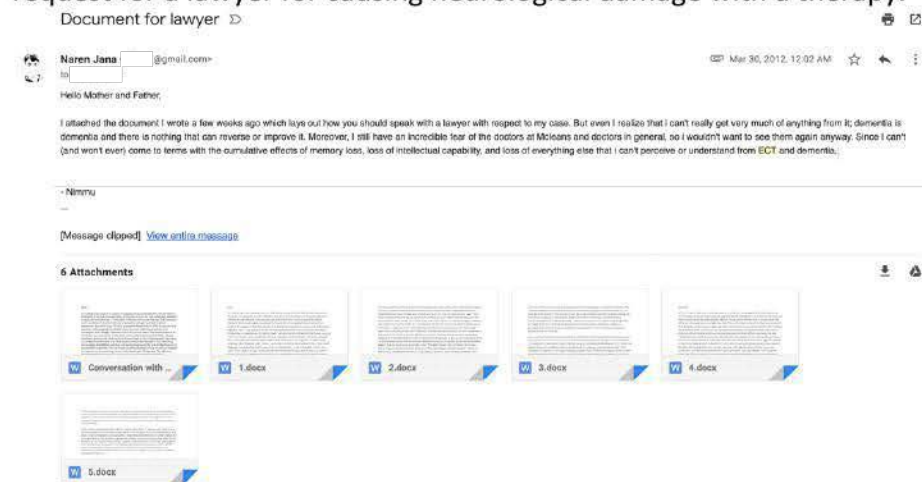


Optic neuropathy is induced by ECT in my case and repeatedly describe to doctors as being induced by ECT, it's a very clear description. ECT caused a portion of the dementia and in my case optic neuropathy was an immediate consequence of medical negligence:

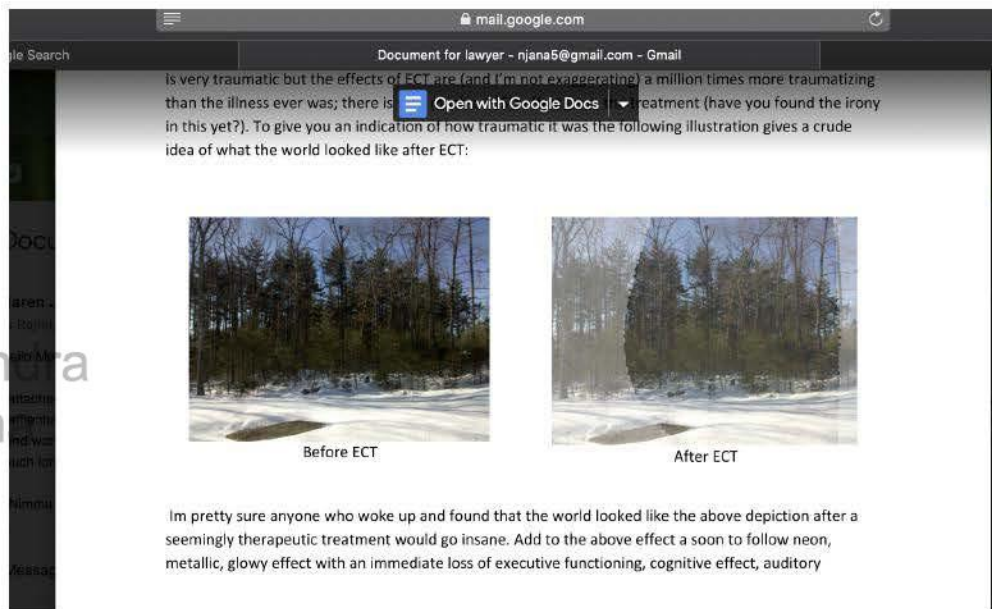
To give you an indication of how traumatic it was the following illustration gives a crude idea of what the world looked like after ECT:



The text for the email was written in the early part of 2011 and given as a physical copy to a doctor in Belmont Massachusetts immediately after the treatment. The effects of optic neuropathy were also emailed to my parents in March of 2012 with a request for a lawyer for causing neurological damage with a therapy.



Document 4 states the same thing, but goes into further detail about how the effect of a lesion in the occipital lobe causes a deficit in perception.



(these essays written in early 2011 that mentions it to full detail along with pictures that demonstrate the type of optic neuropathy). These essays were presented to doctors in the US and the psychiatrist at that point in time to clearly delineate the type of neurological injury caused. They all knew that disease progression was intentionally furthered though malice in a medical setting.

ECT furthered both dementia and optic neuropathy in a rapid way.

I believe this is the reason the next MRI report is fraudulated (the MRI shows the clear effect of a large lesion repeatedly mentioned in reports outside the US), to hide the effects of ECT. The repeated situation in medical setting in the US is harm and then try to hide evidence of harm caused. The EEG done in Beth Israel in 2011 mentions that the patient is in "senile delirium" from the treatment but the EEG report is most likely falsified in order to try and hide the nature of ECT in causing neurological damage. Its determined that the 2011 EEG in Beth Israel is falsified because the next EEG in Boston Medical Center in 2012 is clearly falsified (clinical criminal fraud) with clear evidence of falsification.

In the next neurology appointment daily "automatic behaviors" are mentioned, indicating the post ictal (post seizure) episodes typical of epilepsy. Epilepsy was medically induced in this case. Every subsequent EEG report is also falsified in order to hide the nature of the neurological damage caused but evidence still exists to demonstrate the falsification.

The EEG report from 2011 in Beth Israel is below:

BETH ISRAEL DEACONESS MEDICAL CENTER
 BOSTON, MASS. 02115-5491
 NEUROLOGY DEPARTMENT
 CLINICAL NEUROPHYSIOLOGY AND ELECTROENCEPHALOGRAPHY

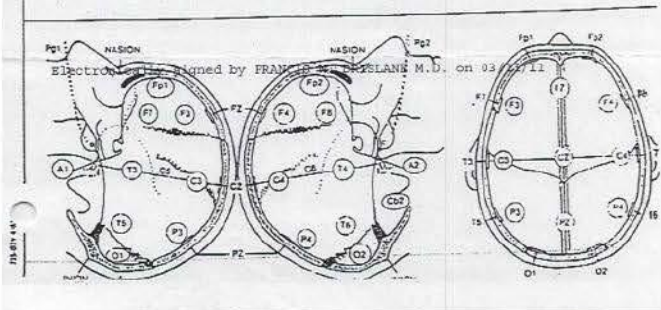
NAME	DOB	AGE	SEX	EEG #	BIH UNIT #	LOC	BR
JANA, NARENDRA	10/27/84	26	M	11-0827J	217 71 67	O.P.D.	

REFERRING DOCTOR	DATE DONE	INTERPRETED BY
KUMAR, SANDEEP	03/10/11	Francis W. Drislane

CURRENT MEDICATION(S): ZOLOFT
 CONDITION: NORMAL
 DIAGNOSIS: 290.3 SENILE DELIRIUM
 SPECIFIC STUDY(S): EXTENDED ROUTINE

OBJECT: RULE OUT SEIZURE.

FINDINGS:
 BACKGROUND: Included a well-formed 9 Hz alpha frequency in posterior areas bilaterally during wakefulness.
 HYPERVENTILATION: Produced no activation of the record.
 INTERMITTENT PHOTIC STIMULATION: Produced no activation of the record.
 SEEGP: The patient progressed from wakefulness to drowsiness but despite a prolonged recording did not enter stage II of sleep.
 CARDIAC MONITOR: Showed a generally regular rhythm.
 IMPRESSION: Normal extended routine EEG in wakefulness and drowsiness. There were no focal abnormalities or epileptiform features.



Dr. Joel Herskowitz in his 2012 September 30th 2012 appointment described the effect of repeated seizures and automatic behavior due to the neurological damage caused by the therapy, ECT:

Where do we go from here?

Given the post-traumatic episodes of rapture, automatic behavior, and altered mental state described above, I strongly recommend that Mr. Jana be evaluated by a neurologist who has particular expertise in psychomotor seizures.

My Jana expressed to me "I want to be my old complete self again." This may or may not be possible. He may need to adjust to new realities, the realities of today. I thought that working with a psychotherapist who could provide support, coaching, and insight work as needed could be helpful. I recommend Dr. Tom Gerbe of Sudbury. He might also benefit from formal career counseling.

There are automatic behaviors from the neurological injury caused by ECT, with altered mental state from what are clearly seizures at that point in time. The seizures are ongoing from the end of 2010 to at least 2016. The medical reports about seizures are also fraudulated in Boston Medical under Dr. Georgia Montouris on October, 1st 2012, where the EEG data shows seizures but the report from it is fraudulated.

The next doctor in Beth Israel was most likely aware that a temporal lobe lesion was caused with the treatment because he mentions it in the report (he may have viewed the lesions in a former erased MRI series at Beth Israel [the MRI given to me was incomplete]).

In November 2nd, 2015 Dr. James Levenson mentions that the patient has a temporal lobe lesions (from a SPECT not an MRI) so the doctor was aware that the brain was damaged due to

treatment given. The doctors in Beth Israel did have the capability to view the MRI series images that were erased or hidden to further the negligence at the time ECT was given.

that any of his symptoms have improved. He has had multiple MRI's, including one at BIDMC in 2010 which was normal. However, the patient reports that he had another MRI in from a hospital in NYC which showed temporal lesions which he has been concerned about, especially since these were found after ECT therapy. He feels that his symptoms are related to these findings and is frustrated that no doctor has been able to figure out a treatment. He also has results from a recent neuropsych testing that he does not have with him which he believes may be slightly abnormal.

The treatment may cause lesions in those that specifically have MS because those that have MS don't have an ability to recover from a neurological insult like ECT.

So its determined that the doctor that perpetuated clear gross negligence in December 2008 and February 2009 is also the doctor that furthered malice/assault in a medical setting in 2010 by both recommending and then performing ECT (ECT was applied by his colleague Dr. Siner). Dr. Evan Murray's recommendation of ECT to a patient who he knows has MS serves as the clearest example of malice in medicine (recommending a neurologically damaging therapy to a person in a impressionable state due to the effects of a neurological condition). Dr. Evan Murray took advantage of the patient's mental state to further cause neurological damage and with the clear object of harm in three instances.

The US's behavioral typification is derived from the lesions caused by ECT (using the effects derived from a medical treatment to effect a person negatively thereafter).

Narendra
Jana

Narendra
Jana