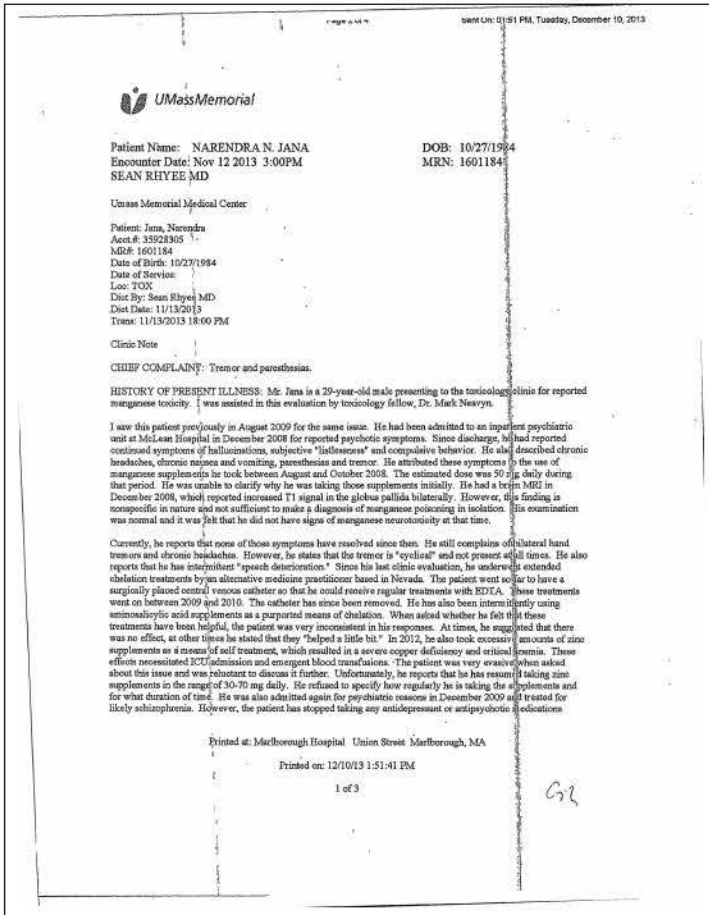
2013 November 13th

- **Dr. Sean Rhyee – Umass Memorial – Marlborough, Massachusetts**
  - **Criminal Negligence →**

UMass Memorial – Dr. Sean Rhyee

Dr. Sean Rhyee denies treatment under toxicology but is more adamant in denying treatment against clear medical evidence than Dr. Kale. Most of his medical statements are completely unsustainable and easy to negate:



UMassMemorial

Patient Name: NARENDRA N. JANA DOB: 10/27/1984
Encounter Date: Nov 12 2013 3:00PM MRN: 1601184
SEAN RHYEE MD

Umass Memorial Medical Center

Patient: Jana, Narendra
Acct.#: 35928305
MD#: 1601184
Date of Birth: 10/27/1984
Date of Service:
Loc: TOX
Dict By: Sean Rhyee MD
Dict Date: 11/13/2013
Trans: 11/13/2013 18:00 PM

Clinic Note

CHIEF COMPLAINT: Tremor and paresthesias.

HISTORY OF PRESENT ILLNESS: Mr. Jana is a 29-year-old male presenting to the toxicology clinic for reported manganese toxicity. I was assisted in this evaluation by toxicology fellow, Dr. Mark Neavyn.

I saw this patient previously in August 2009 for the same issue. He had been admitted to an inpatient psychiatric unit at McLean Hospital in December 2008 for reported psychotic symptoms. Since discharge, he had reported continued symptoms of hallucinations, subjective "listlessness" and compulsive behavior. He also described chronic headaches, chronic nausea and vomiting, paresthesias and tremor. He attributed these symptoms to the use of manganese supplements he took between August and October 2008. The estimated dose was 50 mg daily during that period. He was unable to clarify why he was taking those supplements initially. He had a brain MRI in December 2008, which reported increased T1 signal in the globus pallida bilaterally. However, this finding is nonspecific in nature and not sufficient to make a diagnosis of manganese poisoning in isolation. His examination was normal and it was felt that he did not have signs of manganese neurotoxicity at that time.

Currently, he reports that none of those symptoms have resolved since then. He still complains of bilateral hand tremors and chronic headaches. However, he states that the tremor is "cyclical" and not present at all times. He also reports that he has intermittent "speech deterioration." Since his last clinic evaluation, he underwent extended chelation treatments by an alternative medicine practitioner based in Nevada. The patient went so far to have a surgically placed central venous catheter so that he could receive regular treatments with EDTA. These treatments went on between 2009 and 2010. The catheter has since been removed. He has also been intermittently using aminosalicylic acid supplements as a purported means of chelation. When asked whether he felt that these treatments have been helpful, the patient was very inconsistent in his responses. At times, he suggested that there was no effect, at other times he stated that they "helped a little bit." In 2012, he also took excessive amounts of zinc supplements as a means of self treatment, which resulted in a severe copper deficiency and critical anemia. These efforts necessitated ICU admission and emergent blood transfusions. The patient was very evasive when asked about this issue and was reluctant to discuss it further. Unfortunately, he reports that he has resumed taking zinc supplements in the range of 50-70 mg daily. He refused to specify how regularly he is taking the supplements and for what duration of time. He was also admitted again for psychiatric reasons in December 2009 and treated for likely schizophrenia. However, the patient has stopped taking any antidepressant or antipsychotic medications

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Dr. Sean cites the medical negligence that took place in Mclean's Hospital (later found to be criminal) as substantiation of further medical negligence in his medical setting.
This is after several fraudulated MRI reports with erased MRI series images and EEGs with clearly falsified reports.

The chronic headache is derived from inflammatory lesions in the cervical spine.
"Chronic nausea, vomiting, paresthesia and tremor" are typical of manganese toxicity or toxicology in general.
The bilateral inflammatory lesions from the manganese toxicity are still present in current MRIs (July 2019) and reports in recent MRIs state it.

Dr. Sean ignores surrounding clinical evidence, which was a positive repose of chelation that temporarily (for a few weeks) reduces hand tremors. The toxicity doesn't respond to chelation otherwise. The statement of "parkinsons" is a misnomer in medicine, manganese causes a chronic encephalopathic condition not simply "parkinsons"
Zinc is inconsequential, its used in neurology frequently (for Wilsons Disease) and improves neurological functioning in dementias. It could cause anemia (which happens frequently in those taking it for Wilsons Disease), which happened in my case

	but is otherwise inconsequential and doesn't effect the central nervous system negatively (improving learning and general functioning).

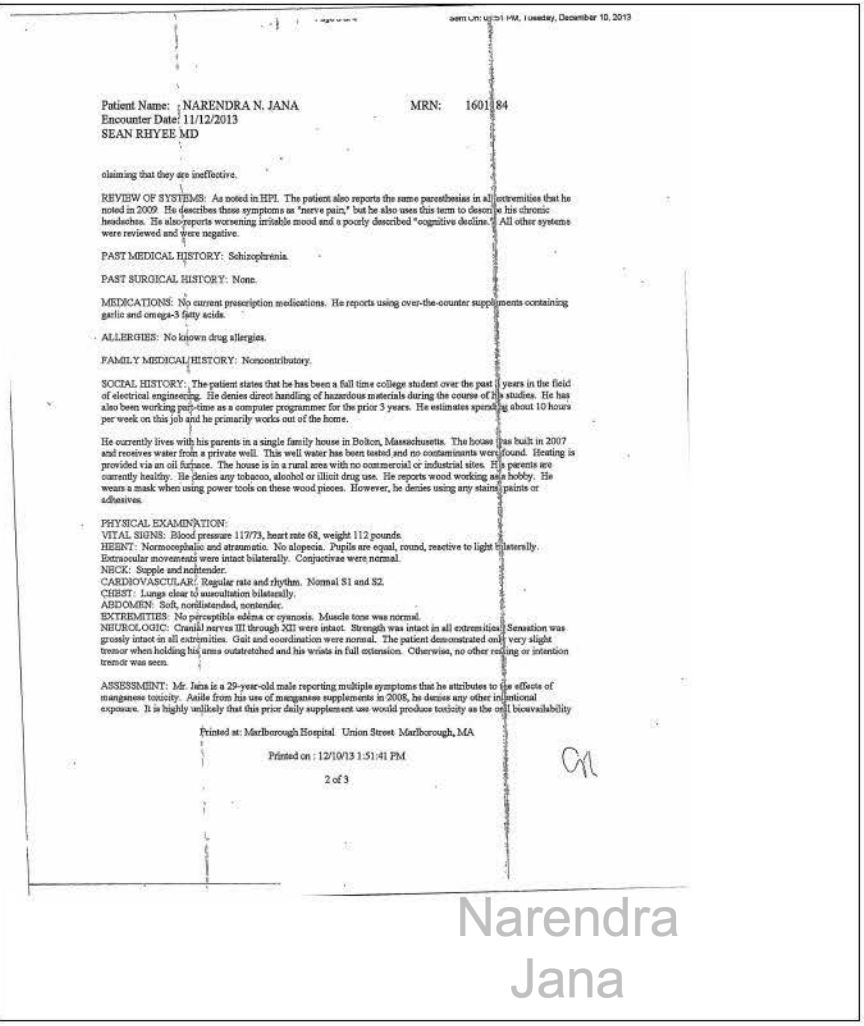
Medications in psychiatry are ineffective for neuroinflammatory conditions especially in gross toxicology syndromes as I presented. They were stated as being completely ineffective as well in the former hospital settings and by Dr. Falzone.

It is well know that I have seizures, which is evident by Dr. Herskowitz's clearly detailed report and the clearly falsified EEG report in Boston Medical.
Dr. Rhyee confuses intentional unreported seizures with "psychiatry", which is medically inappropriate.

Its later found that Dr. Rhyee's negligence is intentional with the intent to harm the patient.

Dr. Rhyee is misinformed, the symptoms that I stated were a perfect exemplification of a manganese toxicity, none of these are atypical of the toxicity seen in countless medical journals.

Many of the statements made by Dr. Sean are condescending and all MRI images taken during that period of time and thereafter (especially those with T1 contrast enhanced images) show the typical signs of a manganese toxicity (bilateral basal ganglia intensity).
This isn't in a single MRI, its in all future MRIs. More then 15 MRIs show the metal toxicity till the latest MRI in July 2019.



Patient Name: NARENDRA N. JANA MRN: 1601184
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SEAN RHYEE MD

claiming that they are ineffective.

REVIEW OF SYSTEMS: As noted in HPI. The patient also reports the same paresthesias in all extremities that he noted in 2009. He describes these symptoms as "nerve pain," but he also uses this term to describe his chronic headaches. He also reports worsening irritable mood and a poorly described "cognitive decline." All other systems were reviewed and were negative.

PAST MEDICAL HISTORY: Schizophrenia.

PAST SURGICAL HISTORY: None.

MEDICATIONS: No current prescription medications. He reports using over-the-counter supplements containing garlic and omega-3 fatty acids.

ALLERGIES: No known drug allergies.

FAMILY MEDICAL HISTORY: Noncontributory.

SOCIAL HISTORY: The patient states that he has been a full time college student over the past [illegible] years in the field of electrical engineering. He denies direct handling of hazardous materials during the course of his studies. He has also been working part-time as a computer programmer for the prior 3 years. He estimates spending about 10 hours per week on this job and he primarily works out of the home.

He currently lives with his parents in a single family house in Bolton, Massachusetts. The house was built in 2007 and receives water from a private well. This well water has been tested and no contaminants were found. Heating is provided via an oil furnace. The house is in a rural area with no commercial or industrial sites. His parents are currently healthy. He denies any tobacco, alcohol or illicit drug use. He reports wood working as a hobby. He wears a mask when using power tools on these wood pieces. However, he denies using any stains, paints or adhesives.

PHYSICAL EXAMINATION:
VITAL SIGNS: Blood pressure 117/73, heart rate 68, weight 112 pounds.
HEENT: Normocephalic and atraumatic. No alopecia. Pupils are equal, round, reactive to light bilaterally. Extraocular movements were intact bilaterally. Conjuctivae were normal.
NECK: Supple and nontender.
CARDIOVASCULAR: Regular rate and rhythm. Normal S1 and S2.
CHEST: Lungs clear to auscultation bilaterally.
ABDOMEN: Soft, nondistended, nontender.
EXTREMITIES: No perceptible edema or cyanosis. Muscle tone was normal.
NEUROLOGIC: Cranial nerves III through XII were intact. Strength was intact in all extremities. Sensation was grossly intact in all extremities. Gait and coordination were normal. The patient demonstrated only very slight tremor when holding his arms outstretched and his wrists in full extension. Otherwise, no other resting or intention tremor was seen.

ASSESSMENT: Mr. Jana is a 29-year-old male reporting multiple symptoms that he attributes to the effects of manganese toxicity. Aside from his use of manganese supplements in 2008, he denies any other intentional exposure. It is highly unlikely that this prior daily supplement use would produce toxicity as the oral bioavailability

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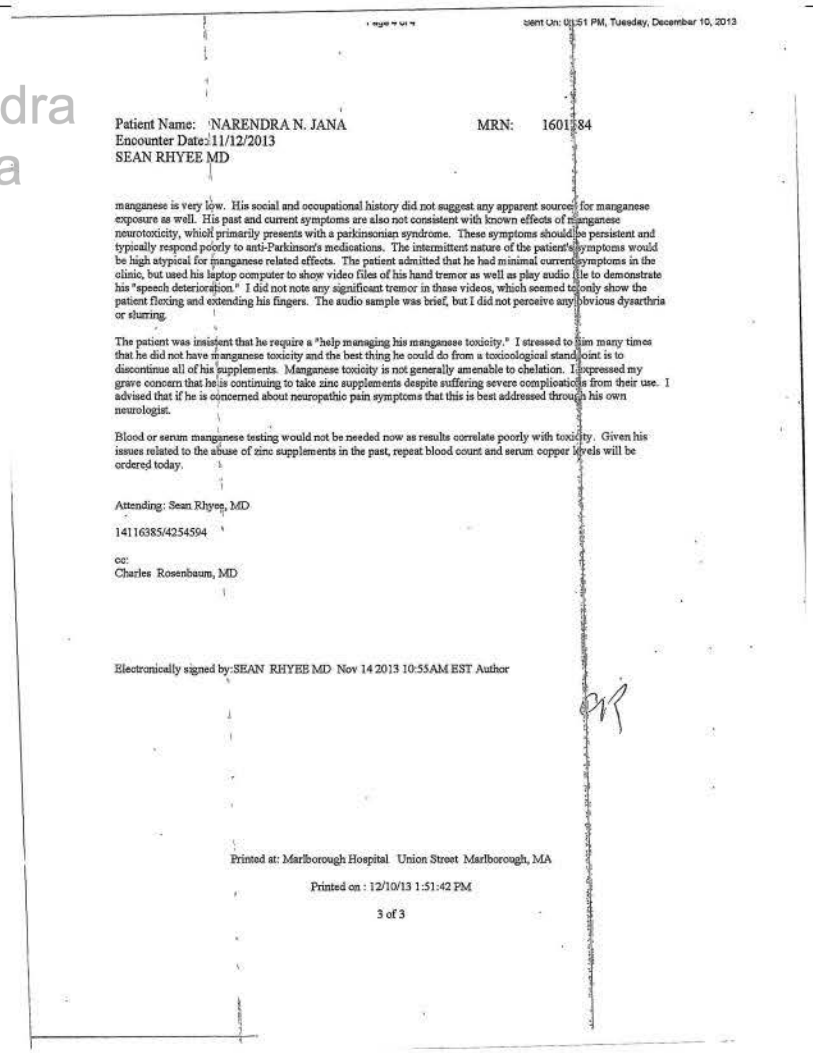

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Patient Name: NARENDRA N. JANA MRN: 1601284
Encounter Date: 11/12/2013
SEAN RHYEE MD

manganese is very low. His social and occupational history did not suggest any apparent sources for manganese exposure as well. His past and current symptoms are also not consistent with known effects of manganese neurotoxicity, which primarily presents with a parkinsonian syndrome. These symptoms should be persistent and typically respond poorly to anti-Parkinson's medications. The intermittent nature of the patient's symptoms would be high atypical for manganese related effects. The patient admitted that he had minimal current symptoms in the clinic, but used his laptop computer to show video files of his hand tremor as well as play audio file to demonstrate his "speech deterioration." I did not note any significant tremor in these videos, which seemed to only show the patient flexing and extending his fingers. The audio sample was brief, but I did not perceive any obvious dysarthria or slurring.

The patient was insistent that he require a "help managing his manganese toxicity." I stressed to him many times that he did not have manganese toxicity and the best thing he could do from a toxicological standpoint is to discontinue all of his supplements. Manganese toxicity is not generally amenable to chelation. I expressed my grave concern that he is continuing to take zinc supplements despite suffering severe complications from their use. I advised that if he is concerned about neuropathic pain symptoms that this is best addressed through his own neurologist.

Blood or serum manganese testing would not be needed now as results correlate poorly with toxicity. Given his issues related to the abuse of zinc supplements in the past, repeat blood count and serum copper levels will be ordered today.

Attending: Sean Rhyee, MD

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cc:
Charles Rosenbaum, MD

Electronically signed by:SEAN RHYEE MD Nov 14 2013 10:55AM EST Author

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The toxicity causes progressive neurodegeneration thus Dr. Sean is heavily outweighed.
The toxicity effects the mitochondrial function of brain support cells (glia cells and oligodendrocytes cells) that in turn causes lesions in the brain and spine. The lesions and inflammation in the brain and spine are then clear to see as multiple sclerosis (MS) in MRI images. The manganese toxicity is the cause of MS in my case.
Dr. Rhyee is correct that the toxicity doesn't respond to chelation with EDTA or responds only for a short time (a week or two).
But this is an attempt by the doctor to circumvent any medical tests to avoid treatment under toxicology.
The condition is toxicological and does respond to metal chelation but would require a hospital setting. The treatment that Dr. Sean was clinically obligated to give was plasmapheresis or dialysis with along with chelation therapy with iron chelators. This is negligence with inappropriate citation.
Dr. Sean makes arbitrary and unrelated statements to try and circumvent medical obligation. This causes harm by progression of neurological damage to the brain and spinal cord along with optic neuropathy.

It was later determined that citing irrelevancies in the medical report followed by medical negligence was completely intentional on the part of Dr. Sean Rhyee. The statements about supplements (zinc) are inconsequential in medicine, they help with plasticity and neurological functioning (they inhibit GABA to prevent seizures and improve neurological healing times).
They are used in Wilsons disease frequently within neurology with no consequence.