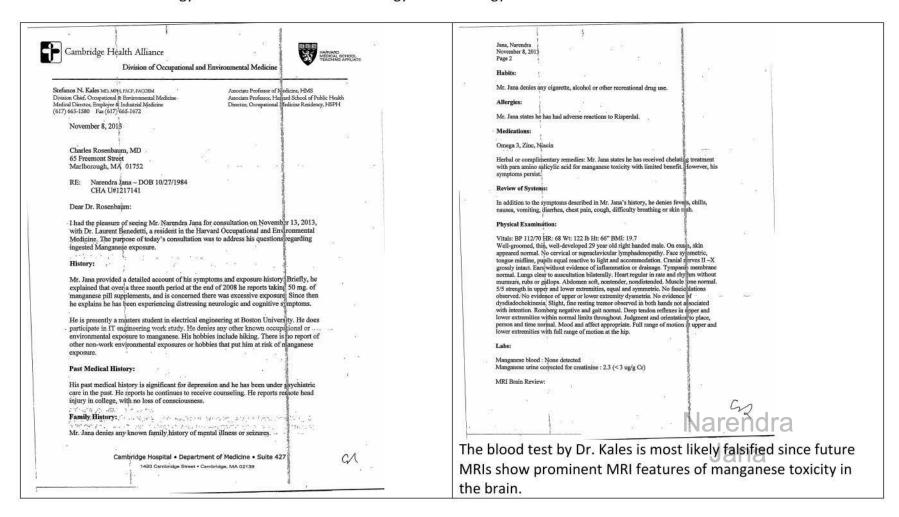
2013 November 8th

- Dr. Stefanos Kales Cambridge Health Alliance Cambridge, Massachusetts
 - Criminal Negligence →

aren Cambridge Health Alliance - Dr. Stefanos Kales

Dr. Stefanos Kales replicates the same medical negligence as Dr. Ellen Salurand in March 15th 2010, denying treatment for a condition under toxicology. The treatment under toxicology and neurology is similar.



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Two brain MRIs were reviewed by the Cambridge Health Alliance Department from 12/18/2008 and 10/27/2102. Findings revealed a high signal in the globus ballidus bilaterally on the 12/18/2008 study, but this was not apparent on the later study. The final impression was no significant intracranial abnormality.

Impressions:

Mr. Jana is a pleisant, 29 year old male who seeks consultation today for possible manganese exposure. Based on current labs, there is no evidence to support manganese toxicity at present. Blood tests for manganese and manganese urine corrected for creatinine levels do not show evidence of toxicity. The later train MRI study did not show evidence to expose and would not the infinial MRI rad. Blased on our exam and test results, we cannot explain Mr. Jana's current symptomatolojy as being related to manganese and would not recommend any clinical treatment directed at manganese toxicity at this time. Further follow up with Neurology and/or is sychiatry is advised.

Thank you for the opportunity to participate in Mr. Jana's care.

Sincerely,

Hollows M. Kales, MD, MPH, FACP, FACOEM

ce: Mr. Narendra Jana

Dr. Kales references a MRI with a falsified report in his report, the 2012 December 27th MRI.

Both blood and urine tests are most likely falsified considering the presentation of toxicity in all future MRIs including the most recent MRIs in 2019. The toxin is hard to remove without treatment in hospital settings.

Most toxicologists know this: Manganese (because it builds up in our skeletal system and muscles) wouldn't show up in an MRI after chelation but will becomes visible within a month after chelation due to the nature of the toxicity (the toxicity is persistent).

All future MRIs shows a T1 intensity in the basal ganglia of my brain that goes down to the cervical spinal column. The toxicity causes neuroinflammation and effects the CNS resulting in multiple sclerosis. The toxin also effects specifically iron and copper metabolism (clinical research articles available) along with mitochondrial functioning.

Most MRIs have fraudulated reports to try and hide the clear presence of a toxin in the central nervous system but any lay person could see the toxicological feature in the MRI without a radiology report.

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> Narendra Jana