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## Please Pay Attention to Your Health

I, Gana Kiritharan, recently carried out a detailed examination of my body and discovered two of the medical reports are confirming high level of Toxic Metals got accumulated in my body. First question 'What is a Toxic Metal?' Few of you may heard of a toxic substance called 'Arsenic'. Human history list several people either died or killed due to this Toxic Metal. Second Question 'What is the dangerous Property of these Toxic Metals?' When these Toxic Metals added to human body in small quantity over long period of time; either intentionally or accidentally; naturally affecting diseases of human body started to appear in the affected person. Doctors may spend time treating these secondarily appearing diseases but may fail to identify the true cause of the diseases. For an example French Emperor Napoleon died when he was imprisoned in Saint Helen Island. Initial postmortem reports conclude he died of stomach cancer. But during 1900s some historians put forward an argument that he may died of arsenic poisoning. But a study conducted is 2007 – 2008 conclude that arsenic was in his body from childhood and stomach cancer is the proper cause of death. Like this when a person died while toxic metals are in his body, what is the actual cause of death may difficult to determine.

From this historical arguments let go back to my story. What happened to me? This year (2010) on May 18<sup>th</sup> or 19<sup>th</sup>, when I was cooking some curry at my home, I accidentally over heated a cooking utensil (made of Stainless Steel). When I realized my mistake I turned off the electric cooker and took the utensil from the cooker to spore some water in it. Then I saw a small amount of glittering fluid running in the utensil. Initially I thought the cooking utensil stated to melt so discard the glittering fluid into wash basin, continued my cooking of few more curry, stored the cooked curries into my fridge and freezer and continued to eat as usual. On another side, for last one or two years I may be experiencing an unusual smell coming in my breath. For last few months this smell may be more frequent and I am able to correlate this smell to the foods kept in my fridge. This smell used to come one or two hours after I ate food items kept in my fridge. Also I may be experiencing increased general tiredness, joint and muscle pain, identifiable short term memory loss over last few months. Few days after the incidents mentioned previously, I developed a suspicion that the glittering fluid I saw may be mercury and the sign and symptoms I was experiencing may be caused by mercury poisoning. (The glittering fluid can not be mercury as when heated mercury will easily evaporate. It is either lead or cadmium or some other toxic metals.)

When I searched for information about mercury poisoning I was shocked. The symptoms and signs I was experiencing were typical of mercury poisoning. Then a battle begins with the medical professionals who were treating me. After several denials and refusals a Hair Mineral Analysis Report and a Challenged Urine Toxic Metals Report may confirm a high level of toxic metals in my body. The problems may not be solved with these confirming reports. Whether Ontario Health Care system will recognize these health reports or whether I can expect any benefit from free health care system of Ontario is not clear yet. I am not able to follow first line of treatment designed by the doctor who helped me to obtain these confirming reports due to my personal financial situation. I am now following a second line of treatment designed by the same doctor according to my financial situation. Medications may not be the only problem. I need special food and special health care equipments. For every thing I need money, but I do not have enough.

Beyond these challenges an important question is still need to be answered. How these Toxic metals came into my body? From the incidents happened I suspect these toxic metals are added to my

food by unknown people with criminal intention. But doctors treating me and Toronto Police Services saying these toxic metals may entered into my body with food or water from any of the environment I lived in the past with out any criminal intention. Though the second explanation given to comfort me (also for the reasons I am not prepared to discuss at this moment) this may be the more dangerous explanation. Now I am 43 years old. During these 43 years I have lived 30 years in Sri Lanka (approximately 27 years in Jaffna, 2 years in Vanni and 1 year touring other parts) 3 years in India (approximately 2 years in Theni, 1 year in Chennai and 1-3 months touring other parts) and 10 years in Canada (approximately 4 years in Ottawa, 6 years in Toronto). If you look at many people in Toronto Tamil community they also lived in above mentioned places for the same period of time or more. Are they also at the risk of poisoned like me? No need to for panic here. The changes are very rare. For a long period of time human civilization know about the dangers of these toxic metals and continued to make necessary precautions to prevent these toxic metals mixing into human environment. Unless these toxic metals got mixed to the environment either due to a big irresponsible act or an industrial accident the changes of becoming poisoned with these metals as a whole community is very rare. But how many people are poisoned like me due to an unknown reason. I do not know the answer. If we need to know the answer Ontario Judiciary and Health Services should carry out a responsible deep search. So far nothing has happened.

Another question also needs to be answered. Whether I am continued to be poisoned or the poisoning attempts has stopped. Sudden up and downs in my clinical symptoms gives me a fear that I may continued to be poisoned. But as during treatment also the symptoms may move up and down, I am unable to make any final conclusion. I have some important evidences which may help to answer above questions. I have not eaten all the food I had cooked on 18<sup>th</sup> or 19<sup>th</sup> of May 2010. When I started to suspect the foods may be poisoned I stopped eating the food, brought a small freezer into my room, stored rest of the food into that freezer and put a pad lock for it. I also stored foods which caused sudden increase of symptoms after 18<sup>th</sup> or 19<sup>th</sup> of May. If we check whether these food items have any poisonous substances, it may help us to decide how I got poisoned. On 17<sup>th</sup> of August 2010, I tried to make a police complaint to Toronto Police Services. But the police refused to accept my complaint and failed to carry out any tests in the food items kept in the freezer. The doctor who helped me to confirm the toxic metals in my body gave me an address of a private laboratory. They are asking CAD \$ 150 for each food sample. Money may not be the only problem. As these evidences may be regarding a suspected criminal offence a proper legal procedure may need to be followed. If Police Services failed to do their job we may have to approach a private lawyer. How much that will cost, I do not know jet.

It is not essential that there should be a criminal intention for these toxic metals to get into your body. If you use Aluminum utensil in cooking, has smoking habit, if inhale exhaust smoke from automobile for a grater extent, has metal dental filling or for several other reasons you may poisoned with these Toxic Metals. Only way you can find out the truth is "Hair Mineral Analysis". Several Chinese health clinics in Toronto area are providing this service. It may cost CAD \$ 150 – 250 for a test. Ontario Health card will not help but if you have a drug insurance card it may help. The health workers will take your hair sample and send it to America for analysis and give you the report in 2 weeks time. Only an experienced doctor can analyze the report.

Also as I said earlier, I need money for this battle. If you are ready to help me, I am happy to receive your help. I will upload the expense details in my web site. Unless you requested your name will not be published.

Thank you for your time and support.

Yours truly,



Gana Kiritharan

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## உங்கள் உடல் நலத்தில் சற்று கவணம் செலுத்துங்கள்.

கனா கிரிதரனாகிய நான் அண்மையிலே செய்த எனது உடல் நலம் சம்மந்தமான ஆய்வுகூட பரிசோதனைகள் எனது உடலிலே நச்சு உலோகங்கள் அதிக அளவிலே தேங்கி இருப்பதை உறுதி செய்கின்றன. முதல் கேள்வி நச்சு உலோகங்கள் என்றால் என்ன? உங்களில் சிலர் ஆவது ஆர்சானிக் என்ற நச்சு பொருள் பற்றி கேள்வி பட்டிருப்பீர்கள். மனித குல வரலாறு இந் நச்சு பொருள் காரணமாக இறந்தவர்கள் அல்லது கொல்லப்பட்டவர்கள் என பலரை இனம் காண்கிறது. இரண்டாவது கேள்வி இந்த நச்சு உலோகங்களின் ஆபத்தான தன்மை என்ன? இந்த நச்சு உலோகங்கள் தவறுதலாகவோ அல்லது தீய சிந்தனையோடோ சிறிது சிறிதாக மனித உடலிலே சேர்க்கப்படும் போது பல்வேறுபட்ட இயற்கையாக உருவாக கூடிய உடல் நோய்கள் உருவாக தொடங்கும். மருத்துவர்கள் இரண்டாம் பட்சமாக உருவான நோய்களுக்கு சிகிச்சை செய்வதிலேயே காலத்தை செலவு செய்வார்கள், நோய்களுக்கான அடிப்படையான காரணத்தை இனம் காணத்தவறிவிடுவார்கள். உதாரணமாக பிரான்சு தேச பேரரசனாக இருந்த நெப்போலியன் இறுதி காலகட்டத்தில் செயின் கெலன் எனும் தீவிலே சிறை வைக்க பட்டிருந்த போது இறந்து போனார். உடன் செய்யப்பட்ட பரிசோதனைகள் அவர் குடல் புற்று நோய் காரணமாக இறந்து போனதாக கூறின. 1900 களில் சில ஆராய்சியாளர்கள் அவர் ஆர்சானிக் என்ற நச்சு உலோகம் மூலம் கொலை செய்ய பட்டிருக்கலாம் என்ற வாதத்தை முன் வைத்தனர். 2007 - 2008 இல் மீண்டும் செய்ய பட்ட பரிசோதனைகள் ஆர்சானிக் சிறு வயது முதலே அவர் உடலிலே இருந்தது என்றும் குடல் புற்று நோய்தான் அவரது மரணத்துக்கு காரணம் என வாதிகின்றன. இவ்வாறு நச்சு உலோகங்கள் உடலிலே இருக்கும் போது இறந்து போனவர்கள் எதனால் இறந்தார்கள் என்பது இலகுவில் முடிவு காண முடியாத விடயமாகும்.

இந்த வரலாற்று ஆராய்ச்சிகளை விட்டு விட்டு எனது கதைக்கு வருவோம். எனக்கு நடந்தது என்ன? இந்த வருட (2010) மே மாதம் 18<sup>th</sup> அல்லது 19<sup>th</sup> திகதி சில உணவு வகைகளை சமையல் செய்து கொண்டிருந்த போது தவறுதலாக ஓர் சமையல் பாத்திரத்தை (எவர்சில்வர் - Stainless Steel) சூடாக்கி விட்டேன். எனது தவற்றை உணர்ந்து மின்சார அடுப்பை அணைத்து விட்டு பாத்திரத்தில் நீரை ஊற்றலாம் என கையில் எடுத்தேன். அப்போது பாத்திரத்தில் வெள்ளி நிறத்தில் சிறிது அளவு திரவம் ஓடுவதை பார்த்தேன். சமையல் பாத்திரம் தான் உருக தொடங்கி விட்டது என எண்ணி அதை நீர் பிடிப்பிடத்தில் கொட்டி விட்டு எனது சமையல் சாப்பாட்டை வழமை போல் தொடர்ந்தேன். இந்த சம்பவங்கள் ஒருபுறம் இருக்க கடந்த ஓர் இரு வருடங்களாக எனது மூச்சில் ஒரு வித்தியாசமான மணம் வருவதை உணர்ந்து இருந்தேன். கடந்த சில மாதங்களாக இந்த மணம் அடிக்கடி வருவதையும் எனது வீட்டில் உள்ள குளிர் பதன பெட்டியில் வைக்க பட்ட உணவை உண்ணும் போது இந்த மணம் வருவதையும் உணர்ந்து இருந்தேன். இது தவிர கடந்த சில மாதங்களாக அதிகமான சோர்வு தன்மை, உடல், மூட்டு வேதனை, மற்றும் அதிக ஞாபக மறதி ஆகிய பிரச்சனைகளால் அவதிபட்டு கொண்டு இருந்தேன். மேலே கூறிய சம்பவம் நடந்து சில நாட்களின் பின்னர் ஏன் நான் பார்த்த திரவ பொருள் பாதரசமாக (Mercury) இருக்க முடியாது என்றும் நான் எதிர் கொள்ளும் வியாதிகள் பாதரசம் உடலில் சேர்வதால் வந்திருக்க முடியாது என்றும் ஓர் எண்ணம் எனது மனதிலே எழுந்தது. (நான் பார்த்த திரவ பொருள் பாதரசமாக இருக்க முடியாது, ஏன் எனில் பாதரசம் சூடாக்கப்படும் போது இலகுவில் ஆவியாகி விடும். நான் பார்த்த பொருள் ஒன்றில் ஈயம் (Lead) அல்லது Cadmium ஆக இருக்க வேண்டும் அல்லது வேறு ஏதாவது நச்சு உலோகமாக இருக்க வேண்டும்.)

பாதரசம் உடலில் சேர்வதால் வந்திருக்க கூடிய வியாதிகளின் விபரத்தை சேகரித்த போது நான் அதிர்ந்து போய்விட்டேன். நான் எதிர் கொள்ளும் வியாதிகளின் குணம் குறிகளும் பாதரசம் உடலில் சேர்வதால் வந்திருக்க கூடிய வியாதிகளின் குணம் குறிகளும் ஒன்றாகவே இருந்தன. எனக்கு சிகிச்சை செய்து கொண்டிருந்த மருத்துவர்களுடன் சிறு யுத்தம் ஒன்று தொடங்கியது. நான் அதுதான் என, மருத்துவர்கள் நான் அனாவசியமாக கவலைபடும் நோயால் பாதிக்கப்பட்டு உள்ளேன் என ஆறுதல் கூற, நான் புதிய மருத்துவர்களை தேடி ஓட, நான்கு மாத போராட்டத்திற்கு பின்னர் இரு மருத்துவ பரிசோதனைகள் எனது உடலிலே நச்சு உலோகங்கள் தேங்கி இருப்பதை உறுதி செய்கின்றன. பிரச்சனைகள் இத்தோடு முடிந்து விடவில்லை. எனது உடலிலே நச்சு உலோகங்கள் தேங்கி இருப்பதை உறுதி செய்கின்ற பரிசோதனை முடிவுகளை ஒன்றாரியோ மருத்துவ உலகம் எவ்வளவு தூரம் அங்கீகரிக்கும் என்றோ ஒன்றாரியோ இளவச சிகிச்சை வசதிகள் மூலம் எவ்வளவு பயன்கிடைக்கும் என்றோ எனக்கு தெரியவில்லை. எனது உடலிலே நச்சு உலோகங்கள் தேங்கி இருப்பதை உறுதி செய்ய உதவிய மருத்துவர் முதற்கட்டமாக சிபார்சு செய்த சிகிச்சையை பண பிரச்சனை காரணமாக என்னால் தொடர முடியவில்லை. அவர் எனது பண நிலமைக்கு ஏற்ப வடிவமைத்த இரண்டாம்கட்டமான சிகிச்சையைதான் தொடர முடிகின்றது. மருந்து சிகிச்சை தவிர விசேட உணவு, உடற்றல உபகரணங்கள் என பல தேவைகள் உள்ளன. அனைத்துக்கும் பணம் தேவை. என்னிடம் ஏதும் இல்லை.

இந்த சவால்களுக்கு அப்பால் ஓர் முக்கியமான கேள்வி விடை காணப்படாமல் உள்ளது. எங்கிருந்து இந்த நச்சு உலோகங்கள் எனது உடம்புக்குள் வந்தன என்பது. நடந்த சம்பவங்களின் அடிப்படையில் தீய சிந்தனையோடு இந்த நச்சு உலோகங்கள் இது வரை இனம் காணப்படாதவர்களாள் எனது உணவு பொருட்களுடன்

கலக்கப்பட்டிருக்கலாம் என நான் சந்தேகிக்கின்றேன். ஆனால் மருத்துவர்களும், டொரண்டோ பொலிசாரும் எனது சுற்றாடலில் இருந்து தீய சிந்தனை எதுவும் இன்றி உணவோடும் சாப்பாட்டோடும் உடம்பிலே சேர்ந்திருக்க வேண்டும் என கூறுகின்றனர். இந்த இரண்டாவது காரணம் என்னை சமாதானம் செய்யவும் (வேறும் தற்போது நான் விவாதிக்க விரும்பாத காரணங்களுக்காகவும்) கூறப்பட்டாலும், இது தான் மிகவும் ஆபத்தான விளக்கம் என நான் கருதுகின்றேன். எனக்கு இப்போது 43 வயது ஆகின்றது. இந்த 43 வருட வாழ்க்கையில் 30 வருடங்கள் இலங்கை தீவில் (அண்ணளவாக 27 வருடங்கள் யாழ் மாவட்டம், 2 வருடங்கள் வன்னி மாவட்டம், 1 வருடம் ஏனைய பகுதிகளில் சுற்றுலா.) 3 வருடங்கள் இந்தியா தமிழ் நாட்டில் (அண்ணளவாக 2 வருடங்கள் தேனி மாவட்டம், 1 வருடம் சென்னை மாவட்டம், 1-3 மாதங்கள் ஏனைய பகுதிகளில் சுற்றுலா.) 10 வருடங்கள் கனடாவில் (அண்ணளவாக 4 வருடங்கள் ஒட்டாவா, 6 வருடங்கள் டொரண்டோ.) வாழ்ந்துள்ளேன். கனடாவில் வாழும் தமிழர்களில் பலர் இதே இடங்களில் இதே அளவு வருடங்கள் அல்லது அதிகமாக வாழ்ந்தவர்களாகத்தான் இருப்பீர்கள். அப்படியானால் உங்கள் உடம்பிலும் இதே போன்று நச்சு உலோகங்கள் அதிக அளவிலே தேங்கி உள்ளதா என்ற கேள்வி எழுகின்றது. பயப்படவேண்டாம் அப்படியான சாத்தியங்கள் மிக குறைவாகவே உள்ளன. இந்த நச்சு உலோகங்களின் ஆபத்து தண்மை பற்றி மனித நாகரீகம் நீண்ட காலமாக அறிந்து உள்ளது மட்டுமன்றி இவ் உலோகங்கள் மனித சுற்றாடலில் கலப்பதை தடுக்க தேவையான பாதுகாப்பான நடவடிக்கைகளை எடுத்து வருகின்றது. மிக பெரிய பொறுப்பற்ற தண்மை அல்லது விபத்து ஒன்று காரணமாக சுற்றாடலில் கலந்தால் ஒழிய இந்த நச்சு உலோகங்களின் தாக்கம் ஓர் சமூகத்தை முழுமையாக பாதிக்க வாய்ப்பில்லை. என்னை போல் இனம் காணப்படாத காரணம் ஆக உங்களில் எத்தனை பேர் இந்த நஞ்சுட்டலால் பாதிக்கப்பட்டு உள்ளீர்கள். இந்த கேழ்விக்கு என்னிடம் விடை இல்லை? உண்மை தெரிய வேண்டுமாயின் ஊண்ராரியோ காவல் துறையும், மருத்துவ துறையும் பொறுப்பு வாய்த ஆழமான தேடல் ஒன்றை செய்ய வேண்டும். இதுவரை அப்படி எதுவும் நடக்கவில்லை.

இன்னும் ஓர் கேள்வி விடை காணப்படாமல் உள்ளது. நான் தொடர்ந்தும் நஞ்சுட்ட படுகின்றேனா அல்லது இந்த முயற்சிகள் நிறுத்த பட்டு விட்டனவா? எனது நோய்களின் குணம் குறிகளில் எற்படும் சடுதியான எற்ற இறக்கங்கள் தொடர்ந்தும் நஞ்சுட்ட படுகின்றேனா என்ற சந்தேகத்தை வர செய்கின்றன. ஆனால் இந்த நஞ்சுட்டலக்கு சிகிச்சை செய்யும் போதும் இது போன்ற எற்ற இறக்கங்கள் வரலாம் என்பதால் குழப்பம்தான் மிஞ்சி உள்ளது. இந்த சிக்கலான கேள்விகளுக்கு விடைகாண உதவகூடிய சில முக்கிய சாட்சியங்கள் என்வசம் உள்ளன. மே 18<sup>th</sup> அல்லது 19<sup>th</sup> திகதி சமைத்த உணவு வகைகள் முழுவதையும் நான் சாப்பிடவில்லை. அந்த உணவுகள் நஞ்சுட்ட பட்டிருக்கலாம் என்ற சந்தேகம் எழுந்த பின்னர் மிகுதியாக இருந்த உணவு அணைத்தையும் எனது அறைக்குள் ஓர் குளிர் பதன பெட்டி ஒன்றினுள் வைத்து பூட்டு போட்டு பூட்டி வைத்துள்ளேன். மேலும் மே 18<sup>th</sup> அல்லது 19<sup>th</sup> திகதிக்கு பின்னர் எனது நோய்களின் குணம் குறிகளில் சடுதியான எற்ற இறக்கங்களை ஏற்படுத்திய உணவு என நான் சந்தேகிக்கும் சில உணவு வகைகளும் பூட்ட பட்ட குளிர் பதன பெட்டியினுள் உள்ளன. இந்த உணவு பதார்த்தங்களில் நச்சு பதார்த்தங்கள் ஏதும் உள்ளனவா என பரிசோதித்தால் எவ்வாறு எனது உடலினுள் நச்சு பொருட்கள் வந்தன என்ற உண்மை தெரியவரலாம். 2010 ஆகஸ்ட் 17<sup>th</sup> திகதி இந்த நஞ்சுட்டல் விடயம் தொடர்பாக டொரண்டோ காவல் துறையிடம் முறைப்பாடு ஒன்று செய்ய முயன்று இருந்தேன். ஆனால் அவர்கள் எனது முறைப்பாட்டை ஏற்று கொள்ளவோ எனது அறைக்குள் உள்ள குளிர் பதன பெட்டியினுள் பூட்டி வைத்துள்ள உணவு பதார்த்தங்களில் நச்சு பதார்த்தங்கள் ஏதும் உள்ளனவா என பரிசோதனை செய்து பார்க்கவோ மறுத்து விட்டார்கள். எனது உடலிலே நச்சு உலோகங்கள் தேங்கி இருப்பதை உறுதி செய்ய உதவிய மருத்துவர் ஓர் உணவு பதார்த்தங்களில் நச்சு பதார்த்தங்கள் ஏதும் உள்ளனவா என பரிசோதிக்கும் தனியார் ஆய்வு கூடம் ஒன்றின் முகவரி தந்தார். அவர்கள் ஒரு உணவு மாதிரிக்கு CAD \$ 150 கேட்கின்றார்கள். பணம் மட்டும் தான் பிரச்சனை என்று இல்லை. குற்றவியல் சம்மந்தப்பட்ட பொருட்கள் என்பதால் நீதி மன்ற ஆணை படிதான் பரிசோணைகள் மேற்கொள்ளப்பட வேண்டும். ஒண்டாரியோ பொலிசார் தமது கடமையை செய்ய தவறினால் தனியார் வழக்கறியர்களைதான் அணுகவேண்டும். அதற்கு எவ்வளவு பணம் தேவைபடும் என தெரியவில்லை.

இந்த நச்சு உலோகங்கள் தீய எண்ணத்தோடுதான் உடம்பில் சேரவேண்டும் என்று இல்லை. நீங்கள் அலுமீனிய பாத்திரங்களை சமயலில் பயன்படுத்தினாலோ, சிகரட் புகைபிடிக்கும் பழக்கம் உள்ளவராக இருந்தாலோ, வாகணங்களில் இருந்து வெளியேறும் புகையை அதிகம் சுவாசித்தாலோ, உலோகத்தால் ஆன பற்களை கட்டி இருந்தாலோ இன்னும் பல காரணங்களானோ இந்த நச்சு உலோகங்களின் தாக்கத்திற்கு ஆளாகி இருக்கலாம். உங்கள் சந்தேகத்தை நீக்க கூடிய ஒரே பரிசோதனை தலை மயிரில் எவ்வளவு உலோகங்கள் உள்ளன என பரிசோதித்து பார்ப்பதுதான். டொரண்டோ நகரில் உள்ள பல சீன மருத்துவகலை மருத்துவமனைகளில் இந்த பரிசோதனையை செய்யலாம். CAD \$ 150 – 250 வரை செலவு ஆகும். ஒண்டாரியோ மருத்துவ அட்டை உதவாது. மருந்து வாங்க உதவும் அட்டை இருந்தால் உதவலாம். மருத்துவமனையினர் தலை மயிரின் மாதிரியை அமெரிக்காவில் உள்ள ஆய்வு கூடத்திற்கு அனுப்பி ஆய்வு கூட அறிக்கையை இரு வாரங்களின் பின்னர் தருவார்கள். இந்த ஆய்வு கூட அறிக்கையை அனுப்பவமும் தகுதியும் வாய்ந்த மருத்துவர்கள்தான் ஆராய வேண்டும்.

மேலும் நான் முன்னர் கூறியது போல இந்த போராட்டத்திற்கு எனக்கு பணம் தேவை படுகின்றது. உதவ முடியுமானால் ஏற்றுகொள்ள தயாராக உள்ளேன். எனது வரவு செலவு விபரங்கள் எனது இணையதளத்தில் (<http://www.gkiri.com>) பார்வையிடலாம். நீங்கள் கேட்டுகொண்டால் அல்லாது உங்கள் பெயர் விபரங்கள் வெளியிடப்பட மாட்டாது.

தங்கள் நேரம் மற்றும் ஆதரவுக்கு எனது நன்றி.

தங்கள் உண்மையுள்ள,

**க. கிரீரன்.**

மேலதிக விபரங்களுக்கு எனது இணையதள முகவரிக்கு விருயம் செய்க: <http://www.gkiri.com>

# **Gana Kiritharan's Advise for People who may be suffering from Chronic Toxic Metal Toxicity**

Gana Kiritharan wants to give following advises for people who may be suffering from Chronic Toxic Metal Toxicity. This advises are based on Gana Kiritharan's personal experience of Toxic Metal Toxicity and Information collected by Gana Kiritharan from various sources. These advices should not be taken as formal medical advice to treat Toxic metal Toxicity. Gana Kiritharan assumes no liability or responsibility for any loss, damage, or injury caused or alleged to be caused directly or indirectly by following advises. This is just a guide to help you to understand the challenges you may have to face on being diagnosed with toxic metal toxicity and receiving proper treatment.

- A. All the adult persons can take following Nutritional Supplements despite whether they are suffering from Toxic Metal Toxicity or not.
  1. Take Multi-Vitamins with Minerals one tablet every day. (You can buy these Tablets at any Pharmacy stores. If you are a heavy manual worker or experiencing some symptoms of Toxic Metal Toxicity buy the one with more Vitamin C and Vitamin E. When you finished one bottle of Tablet (usually 90 – 120 tablets) give 1 – 2 month break before starting a new bottle. (Some Vitamin got accumulated in body and may try to give Toxic symptoms.)
  2. One other Nutritional Supplement for adults I may recommend is Omega 3-6-9 combination. Take one capsule in the morning and one capsule in the afternoon. This will help you with your Lipid and Cholesterol circulation in the body.
- B. Do not expect much help from your family doctor or any other regular medical institution or hospital. The regular conventional medical system refusing acknowledges the health problems associated with Chronic Toxic Metal Toxicity for a complex of reasons. Why is a big question? Please read my forth coming article "Chronic Toxic Metal Toxicity; Is it a Medical Tsunami?"
- C. Even though some experts recommend starting the treatment even with diagnosis based on symptoms alone, I recommend a Hair Mineral Analysis to confirm the diagnosis. If Hair Mineral analysis confirms high level of Toxic Metals a Challenged Urine Test will help to reconfirm the diagnosis and decide the course of treatment. Doing Challenged Urine Test initially (without doing Hair Mineral Analysis) to confirm diagnosis is not recommended as most of us have some level of Toxic Metals in our body and a Challenged Urine Test on random basis will give some positive results most of the time. In addition a Hair Mineral Analysis and Challenged Urine Test may helpful on following situations.
  1. If my suspicion is true that there may be a criminal intention behind this poisoning then the lab reports will help in any future legal actions.
  2. During the treatment the symptoms will go worse once in a while. This may lead to confusion, whether the treatment is actually causing the symptoms. Only a proper lap reports will inform the situation. To calculate the progress you may have to repeat the tests every 6 months.
- D. If the clinical symptoms or the following lap reports confirms a high level of Toxic Metals accumulated in your body, do not rush to start a Chelating Therapy (Removing Toxic Metals from body). The Toxic Metals may be in your body for at least few years and even with a fast Chelating Therapy it will take at least 6 months to 1 year to get rid out of them. Waiting few weeks will not change the over all out come of the problem but a poor planned therapy may cause serious damages to your body; even death.

- E. If the patient is a child, greater precaution should be taken on deciding the dose and nutritional support.
- F. Collect more details about treatment. Collect enough money and inform people around you so that they can understand your situation and help you when you need.
- G. As conventional Medical System refusing to acknowledge this medical problem, there is no established, medically confirmed, single way of treating this problem. Various experts recommend various way of treatment. As I failed to receive proper medical guidance on time, I end up in trying various way of treatment for first few months. The system finally found to helping me may be the one developed by Andrew Hall Cutler PhD PE. This treatment method developed by him usually known as small frequent dose chelating program.
- H. Though Medical Substances like DMSA, DMPS and CaEDTA are used to remove mercury from blood, they may constitute only 40% of whole treatment. Rest 60% lie on balancing your nutrition of the body and other treatment techniques.
- I. You may need to take Vitamin A, B, C, D and E in high doses. You also need Minerals like Chromium, Magnesium and more. But your supplement should not include Copper and Iron.
- J. You should take nutritional supplements to support your liver, adrenal, thyroid and other endocrine organs.
- K. You should take high protein diet to help your body with chelating program.
- L. You should drink lots of water during chelating program.
- M. A therapy called Infrared Sauna (It will help your body to sweat) will help to remove these toxic metals through skin.
- N. In Addition you may have to take care of several small, small things. For an example if you are a person have a habit of taking lot of Coffee, you may have to change to Tea. Coffee will give more stress for Liver and Adrenal, Tea will help to kill some fungal infections associated with Toxic Metal Toxicity.
- O. As I told earlier there is no established and medically proven way of treating this problem. As a result on one hand there are too many documents which may confuse any reader and on another side it may difficult to find a single book which will give complete information about this medical problem.
- P. When I searched I found the book “Amalgam Illness – Diagnosis and Treatment” written by Andrew Hall Cutler PhD PE which may help you to get necessary details to design a Treatment Program for Yourself or People under your care.

For more Information and useful websites

Please Visit my Web site at:

<http://www.gkiri.com>

## Chronic Toxic Metal Toxicity Symptoms Check List.

The Symptoms Experienced by  
Gana Kiritharan

			↓
<b>1. General Symptoms:</b>			
– Changes in Sweating Pattern (Decreased or Increased)	0		x
– Bad smell coming out of Sweat (or Body)	0		x
– Numbness and Tingling of hands, feet, fingers, toes or lips	0		x
– Sleep Disturbances with Increased Need for Sleep and Tiredness	0		x
– Feeling Tired after Shower	0		x
– Allergies (Metal, Fabrics, Soap, Food)	0		
– Heat, Burning, Tingling, Itching of Scalp	0		
– Burning Muscles and Tingling sensation in the back and Neck	0		x
– Dim vision, especially after exercise	0		x
– Slow and poor accommodation to changes in vision distances	0		
– Eyes drawn to one side	0		
– Burning feeling in Eyes	0		x
– Double vision	0		
– Imaginary geometric figures appearing in the visual field, which migrate from the periphery toward the center and slowly disappear	0		x
<b>2. Skin Problems:</b>			
– Repeated Infections. (Viral warts, Ring worm, Candida)	0		x
– Sever Dermatitis	0		
– Eczema or Other Skin Eruptions	0		
– Unexplained Rashes	0		
– Excessive Itching (Especially in the Legs)	0		x
– Rough Skin	0		
– Acne (Pimples)	0		x
<b>3. Oral Cavity Symptoms:</b>			
– Bleeding Gums (At Tooth Brushing)	0		x
– Bone Loss around Teeth (Loosening of Teeth)	0		x
– Excessive Salivation	0		
– Foul Breath	0		x
– Metallic Taste	0		
– Burning Sensation, tingling of lips and face	0		
– Ulceration of Gingiva, Palate and Tongue	0		x
<b>4. Gastro Intestinal Symptoms:</b>			
– Food Sensitivity, especially to milk and eggs	0		
– Gastritis (Heart Burn)	0		x
– Abdominal Cramps, Colitis	0		
– Chronic Diarrhea/ Constipation	0		x
– Ulcers	0		x
– Indigestion	0		
– Poor Appetite	0		
– Feelings of pressure, pains, pins and needles in the region of the liver	0		
<b>5. Urinary Symptoms:</b>			
– Increased Volume of Urine Passing	0		x
– Increased Frequency of Urination	0		x
– Urgency (Running to Bathroom)	0		x
– End Dribbling (Dripping Urine after Urination)	0		x
– Chronic Bladder Infection	0		

## 6. Cardio Vascular Symptoms:

– Unexplained elevated serum triglyceride	0	x
– Unexplained elevated cholesterol	0	x
– Abnormal blood pressure, either high or low	0	x
– Heart/chest pains	0	x
– History of Heart Attack	0	
– Irregular heartbeat (palpitations), often together with anxiety	0	x

## 7. Musculo Skeletal Symptoms:

– Numbness and tingling of hands, feet, fingers, toes, or lips (Also Tremor)	0	x
– Muscle weakness progressing to paralysis (Slowing Down Moment)	0	x
– Muscle in coordination (Trying to Fall or Dropping things)	0	x
– Dropping of Eye Lid (Partially closed Eyes)	0	
– Muscular aches in areas of previous injuries have occurred	0	x
– Leg cramps (While Resting, Even while Sleeping)	0	x
– Joint pains	0	x

## 8. Central Nervous System Symptoms:

– Epilepsy / Convulsions	0	
– Twitching of Face or other Muscles	0	x
– Dizziness / Acute, Chronic Vertigo	0	
– Ringing in the Ears	0	
– Hearing Difficulties	0	x
– Speech and Visual Impairment	0	x
– Headache about once a week. (The headache often is migraine like, especially induced by weather changes and by prolonged sleep in the mornings)	0	x

## 9. Psychological Symptoms:

– Restlessness (exaggerated response to stimulation)	0	x
– Emotional instability (Fearfulness)	0	x
– Lack of self control, loss of self confidence	0	x
– Fits of anger, with violent, irrational behavior	0	
– Shyness or timidity, being easily embarrassed	0	x
– Loss of memory (Short Term and Long Term)	0	x
– Inability to concentrate (Indecision)	0	x
– Mental depression, despondency (suicidal tendencies)	0	x
– Constant feelings of tension and strain	0	x
– Difficulty and even impossibility to control behavior	0	
– Resistance to intellectual work	0	x
– Reduced capacity for work, both for intellectual and physical tasks	0	x
– Reduced powers of comprehension (information does not come through)	0	x

## 10. Endocrine Problems:

– Subnormal body temperature	0	
– Cold, clammy skin, especially hands and feet	0	x
– Excessive perspiration, w/frequent night sweats	0	
– Unexplained sensory symptoms, including pain	0	
– Unexplained numbness or burning sensations	0	x
– Unexplained anemia	0	x
– Chronic kidney disease (Nephritic syndrome, Receiving renal dialysis)	0	
– General fatigue	0	x
– Loss of appetite/with or without weight loss (Sometimes Over Weight)	0	
– Hypoglycemia	0	
– Diabetes	0	x

Gana Kiritharan's Medical Expences - Year 2010

Date	Detail of Expences	Store or Hospital	Amount	Direct Exp
Before June	Diabetic Cholesterol Medication	Finch-Warden Pharmacy	\$412.11	
14-Jun-2010	Tears Naturale	Pharma Plus	\$12.48	
18-Jun-2010	Tears Naturale	Shoppers Drug Mart	\$11.29	
21-Jun-2010	Chlorella	GNC	\$12.59	\$12.59
21-Jun-2010	Vitamin and Minerals	GNC	\$49.16	\$49.16
22-Jun-2010	Mineral and Enzymes	GNC	\$42.50	\$42.50
22-Jun-2010	Minerals and Nutrition	Shoppers Drug Mart	\$16.31	\$16.31
23-Jun-2010	Vitamin and Minerals	Shoppers Drug Mart	\$13.64	\$13.64
28-Jun-2010	DMSA	National Nutrition	\$58.44	\$58.44
7-Jul-2010	Minerals	Shoppers Drug Mart	\$15.35	\$15.35
7-Jul-2010	Vitamin and Minerals	GNC	\$38.39	\$38.39
19-Jul-2010	Asprin and Ibuprofen	Shoppers Drug Mart	\$37.27	
17-Jul-2010	Hair mineral Analysis	Zentai Wellness Center	\$124.30	\$124.30
21-Jul-2010	AntiFungal Shampoo Oinment	Shoppers Drug Mart	\$27.10	
1-Aug-2010	Minerals	GNC	\$31.62	\$31.62
5-Aug-2010	ND Consultations	Zentai Wellness Center	\$84.75	\$84.75
14-Aug-2010	Vitamin and Minerals	GNC	\$50.14	\$50.14
17-Aug-2010	Diabetic Cholesterol Medication	Finch-Warden Pharmacy	\$212.32	
21-Aug-2010	Aqua, Velva Afsh and Sleep Aid	Shoppers Drug Mart	\$15.46	
30-Aug-2010	DMSA	National Nutrition	\$62.44	\$62.44
31-Aug-2010	Minerals and Nutrition	GNC	\$22.58	\$22.58
10-Sep-2010	Blood Glucose Test Strips	Shoppers Drug Mart	\$83.99	
12-Sep-2010	Minerals	Shoppers Drug Mart	\$10.16	\$10.16
17-Sep-2010	Chlorella	Nutrition House	\$32.32	\$32.32
20-Sep-2010	Vitamin and Minerals	Shoppers Drug Mart	\$14.67	\$14.67
25-Sep-2010	Vitamins	Shoppers Drug Mart	\$9.03	\$9.03
27-Sep-2010	Doctors Consultation	Dr. Fred Hui	\$250.00	\$250.00
27-Sep-2010	Challenged Urine Test	Dr. Fred Hui	\$260.00	\$260.00
29-Sep-2010	Vitamin and Minerals	GNC	\$58.74	\$58.74
29-Sep-2010	Minerals	National Nutrition	\$13.85	\$13.85
9-Oct-2010	Glucose Tab (For GTT)	Shoppers Drug Mart	\$7.33	
19-Oct-2010	DMSA	National Nutrition	\$62.44	\$62.44
22-Oct-2010	Chlorella	Nutrition House	\$30.95	\$30.95
23-Oct-2010	Vitamin and Skin Cream	GNC	\$13.50	\$13.50
25-Oct-2010	Thyroid Adrenal Support	Nutrition House	\$45.19	\$45.19
25-Oct-2010	DMSA	National Nutrition	\$169.47	\$169.47
28-Oct-2010	Doctors Consultation	Dr. Fred Hui	\$75.00	\$75.00
28-Oct-2010	Vitamin and Minerals	Dr. Fred Hui	\$40.00	\$40.00
5-Nov-2010	Minerals	Shoppers Drug Mart	\$11.29	\$11.29
19-Nov-2010	Chlorella	Nutrition House	\$30.95	\$30.95
21-Nov-2011	Amalgam Illnes s (Book)	Andrew Cutler	\$43.00	\$43.00
22-Nov-2010	Insulin	Finch-Warden Pharmacy	\$112.84	
24-Nov-2010	Alcohol Swabs	Shoppers Drug Mart	\$3.38	
2-Dec-2010	Vitamin and Minerals	Dr. Fred Hui	\$40.00	\$40.00
6-Dec-2010	DMSA	National Nutrition	\$112.98	\$112.98
15-Dec-2010	Asprin	Shoppers Drug Mart	\$3.94	
16-Dec-2010	Amoxicillin	Finch-Warden Pharmacy	\$24.99	
17-Dec-2010	General Health Items	Shoppers Drug Mart	\$45.47	
17-Dec-2010	Thyroid Adrenal Support and Chlorella	Nutrition House	\$76.14	\$76.14
17-Dec-2010	Vitamin and Minerals	GNC	\$115.15	\$115.15
18-Dec-2010	Blood Glucose Test Strips	Shoppers Drug Mart	\$83.99	
20-Dec-2010	DMSA & Nutritional Support	National Nutrition	\$106.19	\$106.19
21-Dec-2010	Iodine Solution	Shoppers Drug Mart	\$3.38	
31-Dec-2010	Minerals	GNC	\$20.32	\$20.32
<b>Total</b>			<b>\$3,360.89</b>	<b>\$2,263.55</b>

Gana Kiritharan's Medical Expences - Year 2011

Date	Detail of Expences	Store or Hospital	Amount	Direct Exp
4-Jan-2011	Asprin, Sleep Aid and Iodine	Shoppers Drug Mart	\$16.92	
6-Jan-2011	Vitamins and Minerals	Dr. Fred Hui	\$40.00	\$40.00
8-Jan-2011	Vitamins and Minerals	Shoppers Drug Mart	\$36.13	\$36.13
14-Jan-2011	Nutritional Support	Nutrition House	\$60.31	\$60.31
15-Jan-2011	BP Apparatus and Minerals	Shoppers Drug Mart	\$51.33	
17-Jan-2011	Nutritional Support	National Nutrition	\$91.50	\$91.50
19-Jan-2011	DMSA	NewDayHealthProducts	\$44.94	\$44.94
28-Jan-2011	Nutritional Support	Nutrition House	\$16.03	\$16.03
31-Jan-2011	Nutritional Support	National Nutrition	\$94.89	\$94.89
6-Feb-2011	Alcohol Swabs	Shoppers Drug Mart	\$8.79	
12-Feb-2011	Insulin Needle	Shoppers Drug Mart	\$42.04	
12-Feb-2011	DMSA	NewDayHealthProducts	\$104.94	\$104.94
14-Feb-2011	DMSA & Nutritional Support	National Nutrition	\$97.15	\$97.15

Gana Kiritharan's Medical Expenses - Year 2011

Date	Detail of Expenses	Store or Hospital	Amount	Direct Exp
3-Mar-2011	Nifedipine	Finch-Warden Pharmacy	\$97.99	
3-Mar-2011	NAC	GNC	\$27.10	\$27.10
3-Mar-2011	Nutritional Support	Nutrition House	\$107.09	\$107.09
3-Mar-2011	Vitamins and Minerals	Dr. Fred Hui	\$80.00	\$80.00
11-Mar-2011	Vitamins and Minerals	Nutrition House	\$13.81	\$13.81
11-Mar-2011	Nutritional Support	Shoppers Drug Mart	\$25.97	\$25.97
13-Mar-2011	Vitamins and Minerals	Shoppers Drug Mart	\$12.19	\$12.19
14-Mar-2011	Doctors Consultation	Dr. Fred Hui	\$75.00	\$75.00
14-Mar-2011	DMSA & Nutritional Support	Natona Nutrition	\$112.98	\$112.98
26-Mar-2011	Nutritional Support	GNC	\$29.37	\$29.37
26-Mar-2011	Surgical Dressing	Shoppers Drug Mart	\$13.53	\$13.53
26-Mar-2011	Amoxicillin	Finch-Warden Pharmacy	\$24.99	
27-Mar-2011	DMSA & Nutritional Support	Natona Nutrition	\$97.15	\$97.15
6-Apr-2011	Diabetic Cholesterol Medication	From Sri Lanka	\$100.00	
9-Apr-2011	NAC	GNC	\$13.56	\$13.56
11-Apr-2011	DMSA & Nutritional Support	Natona Nutrition	\$150.25	\$150.25
11-Apr-2011	Vitamins and Minerals	GNC	\$9.03	\$9.03
11-Apr-2011	Blood Glucose Test Strips	Shoppers Drug Mart	\$83.99	\$83.99
27-Apr-2011	Vitamins and Minerals	GNC	\$64.35	\$64.35
6-May-2011	DMSA & Nutritional Support	Nutrition House	\$101.68	\$101.68
9-May-2011	Vitamins and Minerals	GNC	\$9.03	\$9.03
12-May-2011	Vitamins and Minerals	Shoppers Drug Mart	\$9.03	\$9.03
21-May-2011	Nutritional Support	GNC	\$13.55	\$13.55
24-May-2011	Challenged Urine TestKit- 2	New Day Health Products	\$254.73	\$254.73
4-Jun-2011	Vitamins and Minerals	GNC	\$31.61	\$31.61
13-Jun-2011	Vitamins and Minerals	Dr. Fred Hui	\$40.00	\$40.00
16-Jun-2011	Challenged Urine Test	Dr. Fred Hui	\$260.00	\$260.00
20-Jun-2011	Nutritional Support	Shoppers Drug Mart	\$49.12	\$49.12
20-Jun-2011	Diabetic Cholesterol Medication	Finch-Warden Pharmacy	\$49.59	
20-Jun-2011	Vitamins and Minerals	GNC	\$57.35	\$57.35
30-Jun-2011	DMSA & Nutritional Support	Nutrition House	\$132.63	\$132.63
8-Jul-2011	Hair mineral Analysis	Zentai Wellness Center	\$141.25	\$141.25
16-Jul-2011	Vitamins and Minerals	GNC	\$105.01	\$105.01
18-Jul-2011	Nutritional Support	Natona Nutrition	\$268.85	\$268.85
22-Jul-2011	Doctors Consultation	Zentai Wellness Center	\$45.20	\$45.20
2-Aug-2011	Vitamins and Minerals	Dr. Fred Hui	\$40.00	\$40.00
2-Aug-2011	DMSA & Nutritional Support	Nutrition House	\$102.44	\$102.44
15-Aug-2011	Doctors Consultation	Dr. Fred Hui	\$80.00	\$80.00
17-Aug-2011	Flex Seed Oil	Shoppers Drug Mart	\$18.07	\$18.07
17-Aug-2011	Challenged Urine TestKit- 2	New Day Health Products	\$259.90	\$259.90
20-Aug-2011	Hair Test Interpretation (Book)	Andrew Cutler	\$43.00	\$43.00
29-Aug-2011	DMSA & Nutritional Support	Natona Nutrition	\$94.89	\$94.89
31-Aug-2011	Vitamins and Minerals	Dr. Fred Hui	\$40.00	\$40.00
9-Sep-2011	Vitamins and Minerals	Nutrition House	\$130.36	\$130.36
12-Sep-2011	Doctors Consultation	Dr. Fred Hui	\$90.00	\$90.00
12-Sep-2011	Vitamins and Minerals	Dr. Fred Hui	\$80.00	\$80.00
13-Sep-2011	Nutritional Support	GNC	\$47.44	\$47.44
13-Sep-2011	Nutritional Support	GNC	\$56.44	\$56.44
13-Sep-2011	Vitamins and Minerals	Natona Nutrition	\$96.00	\$96.00
20-Sep-2011	Vitamins and Minerals	Nutrition House	\$27.11	\$27.11
23-Sep-2011	DMSA & Nutritional Support	Nutrition House	\$136.69	\$136.69
27-Sep-2011	Nutritional Support	Natona Nutrition	\$90.36	\$90.36
8-Oct-2011	Blood Glucose Test Strips	Shoppers Drug Mart	\$83.99	
9-Oct-2011	Nutritional Support	GNC	\$88.05	\$88.05
9-Oct-2011	Nutritional Support	GNC	\$54.78	\$54.78
25-Oct-2011	Nutritional Support	Shoppers Drug Mart	\$35.01	\$35.01
3-Nov-2011	Vitamins and Minerals	Nutrition House	\$15.35	\$15.35
6-Nov-2011	Vitamins and Minerals	Shoppers Drug Mart	\$13.54	\$13.54
11-Nov-2011	Nutritional Support	Nutrition House	\$76.14	\$76.14
16-Nov-2011	Pill Reminder Box	GNC	\$9.03	
26-Nov-2011	Nutritional Support	GNC	\$91.62	\$91.62
2-Dec-2011	Diabetic Cholesterol Medication	From India	\$550.00	
2-Dec-2011	DMSA & Nutritional Support	Nutrition House	\$68.67	\$68.67
4-Dec-2011	Sleep Aid and Aspirin	Shoppers Drug Mart	\$15.80	
12-Dec-2011	Vitamins and Minerals	Dr. Fred Hui	\$80.00	\$80.00
12-Dec-2011	Doctors Consultation	Dr. Fred Hui	\$80.00	\$80.00
17-Aug-2011	Challenged Urine TestKit	New Day Health Products	\$135.54	\$135.54
21-Dec-2011	DMSA & Nutritional Support	Nutrition House	\$76.01	\$76.01
27-Dec-2011	Nutritional Support	GNC	\$13.55	\$13.55
30-Dec-2011	Nutritional Support	Nutrition House	\$97.51	\$97.51
<b>Total</b>			<b>\$6,429.24</b>	<b>\$5,378.77</b>
Direct Expense Incurred Due to Toxic Metal Toxicity (2010 and 2011)				\$7,642.32
Other Medical Expenses (2010 and 2011)				\$2,147.81
<b>Grand Total (2010 and 2011)</b>				<b>\$9,790.13</b>



I, GANJA KIRITHARAN  
Je soussigné(e), (NAME)  
of 307-10 STONHILL COURT, SCARBOROUGH, ONTARIO, CANADA  
De (STREET ADDRESS)

make oath and say as follows: On 18<sup>th</sup> or 19<sup>th</sup> of MAY 2010 when  
déclare sous serment que:

I was cooking I saw some glistening fluid running in my cooking utensil. On suspicion it may be mercury I carried out lab experiments and found my body level of Cadmium, Lead and Mercury is elevated. I believe somebody added these toxic metals to my food with criminal intention. The unknown peoples may added it to kill me with complications of these heavy metals. Or the unknown people may tried to label me as a psychiatric patient to justify my other complications complaints made to police and judiciary. I am enclosing with this statement  
i) Detail Statement of what happened.  
ii) Recent laboratory reports of my body.

G. Kiritharan  
(signature)

Sworn by the said GANJA KIRITHARAN.  
Déclaré sous serment par

before me S.N.G  
devant moi

at The City of Toronto  
dans le/le  
on the 17 day of August, yr 2010  
le jour de an

[Signature]  
JUSTICE OF THE PEACE  
PROVINCE OF ONTARIO

Following are the Scenario of events I, Gana Kiritharan, observed or experienced over the last few years which lead to the suspicion that I may be a victim of mercury poisoning with criminal intention.

1. Around early 2003, while I was living in Ottawa, for the first time I observed some neurological symptoms in my body. They are:
  - A. Muscle twitching around left eye and left shoulder region.
  - B. Tiredness.
2. I did not consult my family Doctor, but took some Aspirin and symptoms relieved after two or three weeks.
3. Again around later part of 2004 or early part of 2005; while I was living in Toronto I developed similar neurological symptoms.
4. I was diagnosed with high blood cholesterol and triglyceride problem around end of 2002 (while I was in Ottawa), and high blood glucose (diabetes) around end of 2004 (while I was in Toronto).
5. My fasting blood triglyceride level and fasting blood glucose level moving up and down which may be difficult to explain. (Please see the Graphs presented).
6. **Around March 2005 when my family doctor Dr. Vaithianathan tried to change my cholesterol and triglyceride medication back and forth I developed a suspicion that there may be some unwanted interference into my health.**
7. **Initially I thought it may be due to some diagnostic mistake of my mental condition and unauthorized treatment for such misdiagnosis.**
8. During 2005 March – 2006 May, while I was in India and Sri Lanka, though I was not taking proper medication, my fasting glucose, cholesterol and triglyceride levels were under better control.
9. While I was in India or Sri Lanka I did not remember developing neurological symptoms which I experienced in Ottawa or Toronto.
10. When I came back to Canada in May 2006 again my fasting blood glucose, cholesterol and triglyceride levels started to move up and down. Also from beginning of 2008 my fasting blood glucose, triglyceride and cholesterol level started to go up without any control.
11. Though my doctors increased the medications, the medicines fail to bring control of this problem.
12. Also for last two or three years I am experiencing a bad smell in my breath. Again I thought it may be due to unauthorized treatment for the misdiagnosed mental condition.
13. Also from beginning of this year (2010) I started to develop various other sign and symptoms in my body. Some of them are:
  - A. Muscle and Joint pain
  - B. Poor coordination of walking (tried to fall while on stairs - twice)
  - C. Muscle cramps.
  - D. Bad smell in the breath.
  - E. Bleeding gums.
  - F. Skin itching and infections.
  - G. Identifiable short term memory loss.

14. **On May 18<sup>th</sup> or 19<sup>th</sup> of 2010, while I was cooking in my apartment, I accidentally over heated a cooking utensil. When I realized the mistake and turned off the cooker, I saw a small amount of glittering liquid running in the utensil. On panic I discarded the liquid into wash basin.**
15. **Few days after when I recalled the incident and coordinated with the sign and symptoms I was experiencing I realized I may be a victim of Mercury poisoning with fraudulent intention.**
16. Though it was appropriate to make a police complaint, I was not able to do so immediately for the following reasons.
  - A. A diagnosis saying I am suffering from Delusional Disorder Persecutory Type may prevent people believing my complaint.
  - B. Though I already made complaint that I am a victim of fraud and obstruction to justice and provided necessary supportive documentary evidences, Toronto Police Services failed to make proper enquiry or other legal actions.
17. So I decided to make proper clinical diagnosis first.
18. I went and gave blood and urine for regular examination on 26<sup>th</sup> of May 2010.
19. From beginning of June 2010, I started to avoid food which I suspected to contain mercury. I avoid using the fridge in my kitchen to store food. Also I brought a small freezer into my room and put a padlock for it. I used to store any of my food into this freezer. Also I stored rest of the food cooked on May 18<sup>th</sup> or 19<sup>th</sup> of 2010 into this freezer.
20. On 9<sup>th</sup> of June 2010 I contacted Poison Center at 416 813 5900 and tried to collect some information. There I got informed that I should contact my family doctor first and contact them through my family doctor. When I asked about the lab test for mercury level in the body, they informed me to avoid fish and sea foods for 5 days and then only the testing for mercury can be conducted and they will provide the testing information only to my family doctor.
21. On same day (9<sup>th</sup> of June 2010) I visited my Dentist and confirmed the dental filling done for me in 2003 was not done with mercury also got advise to consult a gum specialist to know more about the reasons for gum problems.
22. I also did a complete eye examination on 11<sup>th</sup> of June 2010 and found dry eyes is the only problem. No other damages were diagnosed in my eyes on that day.
23. On 15<sup>th</sup> of June 2010, during my clinical appointment with Dr. Jeyalingam (Specialist in Internal medicine) I explained my health problem may be caused by mercury poisoning. He refused to accept my conclusion and ask me to contact my family Doctor to do necessary tests and to consult a toxicologist.
24. When I asked Dr. Jeyalingam whether he see any indication of renal damage in the recent laboratory report he told me he could not find any. But the Microalbumin (RUR) and Creatinine (RUR) were 80.3 and 38.4 which may indicate renal damage due to heavy metal or diabetes.
25. I did not tell the incident happened while I was cooking in my apartment to poison center, my dentist, eye specialist or to Dr. Jeyalingam.
26. On 16<sup>th</sup> of June 2010, I visited my family doctor Dr. M. Selvanathan and explained my concerns also told him what I observed while I was cooking at home. Though my doctor did not accept my conclusion 100 %, he told me he need more time to collect information about testing for mercury and other details. He asked me to come back next day.

27. I visited my family doctor again on 18<sup>th</sup> of June 2010 and he gave me an order for lab report of serum mercury. When I told him hair analysis may be the better test, he disagreed with me.
28. My doctor also advised me, if the test results become negative I may get diagnosed with serious mental problems so it is better to abandon my complaint.
29. I went and gave blood for the testing on 21<sup>st</sup> of June 2010 at LabCare Inc (CML) 3850 Finch Avenue east (Basement Level).
30. After giving the blood I started the supportive (Vitamins and Other natural elements) medication necessary for removal of mercury (Chelating) from body. I started this with out any medical guidance based on information collected from Internet and my medical knowledge.
31. When I contacted LabCare Inc (CML) on 25<sup>th</sup> of June 2010 (4 days after I gave blood; between 8 AM – 10 AM) through Dr. M. Selvanathan's office I got informed that CML lab computer system is down so unable to give a result immediately.
32. When contacted again them between 26<sup>th</sup> of June – 2<sup>nd</sup> of July 2010, either through doctor's office or directly; I got informed the result is pending.
33. On 5<sup>th</sup> of July 2010, when I visited my doctor's office, Dr. M. Selvanathan and his office staff informed me they received the result from another laboratory (not from CML) and that is the reason for the delay (and the status of pending) and the result is normal. When I asked for the exact value of the blood mercury level and a copy of the report, doctor told me he could not remember the value and the report went for scanning so that he could not give me a copy immediately.
34. I decided (forced) to start the chelating program with out any medical consultation. I started 250 mg DMSA once daily on 6<sup>th</sup> of July 2010. Though for the first week I observed some improvement in my symptoms, the symptoms started to go worse in second week. So I stopped the DMSA after two weeks of treatment on 19<sup>th</sup> of July 2010.
35. So I decided to do a Hair Mineral Analysis.
36. I gave my hair samples on 19<sup>th</sup> of July 2010 and received the report on 5<sup>th</sup> of August 2010.
37. The results confirmed increased level of Cadmium, Lead, and Mercury in the hair. It also confirmed increased level of Calcium, Copper and Zinc which may be the result of secondary effects of heavy metal poisoning.
38. As my suspicion of heavy metal poisoning confirmed I booked an appointment with a chelating doctor (Dr. Fred Hui) for 27<sup>th</sup> September 2010.
39. Also during this time I observed my fasting blood glucose value started to go down. As I believed it was the result of my attempt to avoid poisoned food and chelating therapy I decided to continue them.
40. I bought a lockable wall cabinet and locked my medicines and dry food in it. I also started to buy my foods from randomly chosen restaurants.
41. I designed a weekly cycle of chelating program based on low frequent dose program developed by Andy Cutler. I took 4x250 mg DMSA during Saturday and Sunday and took only supportive medications during other days.
42. My effects to avoid poisoned food and chelating therapy may helped my fasting blood glucose value to go from 14.7 mmol/L (May 26, 2010) and 14.8 mmol/L (June 17, 2010) to 7.4 mmol/L on 4<sup>th</sup> of August 2010.
43. On 7<sup>th</sup> of August 2010; I visited my family doctor and showed him the result of Hair Mineral Analysis and the change in my fasting blood glucose value. I also informed him I

have booked an appointment with a chelating doctor for September 27<sup>th</sup> 2010. I requested and received the blood mercury value from my family Doctor. My family doctor requested me to give some feed back about the consultation with the chelating doctor for his improvement of knowledge. When talked about the reason for the increased heavy metal burden of my body and making a police complaint, my family doctor asked me to consult the chelating doctor for his opinion.

44. The report received from my family doctor informed me that my blood mercury value was 15.4 nmol/L and the report completed on 25/6/2010: 15:00 and analysis carried out by Gamma Dynacare Medical Laboratories. The report also gives a value of < 18 nmol/L as reference range.
45. On 7<sup>th</sup> of August 2010, I once again called the poison center at 416 813 5900 and tried to explain my situation. The person (a lady) answered started to dismiss all my statements with out listening to them. I had to inform the person that she is coming to conclusion before I speak. When I asked whether there is a possibility of examining the suspected poisoned foods I have in my freezer for heavy metal contents, she said there is not much chances of doing so and asked me to talk to the chelating doctor regarding this. When asked about the services provided by poison center, she told they only provide consultation.
46. On 16<sup>th</sup> of August 2010, after securing necessary money for the consultation I visited Dr. Fred Hui Office with an intention to request for an early appointment. As Dr. Fred Hui on vacation talked to his assistant and learnt that initial consultation, treatment and lab reports may cost \$ 600.00 and subsequent treatment will cost around \$ 350.00 per month. So I decided to make a police complaint and a complaint to food inspection agency.

## **Experience on making Police Complaint Regarding Poisoning Food with Heavy Metals:**

As I was not able to make early appointment with my chelating doctor I tried to make a police complaint and complaint to food inspection agency on 17<sup>th</sup> of August 2010. First I went and made an affidavit at Toronto Criminal Court at 1911 Eglinton Avenue on 17<sup>th</sup> of August 2010 around 8:30 AM. Then I went to 242 Milner Avenue Toronto Police Services and tried to make a complaint. There I was advised that as there is no Police Officers available to accept my complaint make a call to non emergency number at 416-808-2222. I returned home and made a call around 1:46 PM. 5 – 6 Police Officers arrived after 10 minutes. When I tried to explain what happened and tried to show them the lab reports I had, they dismissed my complaints as fabricated and I am suffering from hypochondriasis. When they requested I saw them the previous psychiatric diagnosis, they advised me to talk to my psychiatrist and left my apartment. On leaving one Police Officer gave his business card to me but he is not the person who talked to me or dismissed my allegations. The Police Officer gave the card is Anne Pitre (Police Constable # 9690).

1. After I called police officers I may be experienced increased pain in my right hip and back between shoulder blades regions.
2. I called my previous psychiatrist on 18<sup>th</sup> of August 2010 with intention to receive proper medical care but as I did not see him for one year my appointment got canceled and got advised to come through a new appointment.
3. I decided to wait to see Dr. Fred Hui.
4. Even though my symptoms got worsened I was not able to concentrate on treatment as I had sit for the Security Guard licensing test.
5. When I completed my Security Guard licensing test on 16<sup>th</sup> of September 2010 I searched and read more articles about Cadmium poisoning on Internet. Based on the articles I increased Zinc, Calcium and Vitamin C.
6. On 27<sup>th</sup> of September 2010 I went and see Dr. Fred Hui.
  - A. Dr. Fred Hui and his assistant may spent one and half hour or more on history taking examination and consultation.
  - B. Dr. Fred Hui ordered for a challenged urine test and the test was completed on same day.
  - C. Dr. Fred Hui may fail to give any improvement advice for the chelating program I followed, only said “not harmful”.
  - D. Dr. Fred Hui informed, my toxic status is higher than what usually he see but not seriously high.
  - E. Dr. Fred Hui told me he more worried by my diabetic problem and gave some dietary advice also advice to buy a book. I did not buy the book as I did not have enough money.
  - F. Dr. Fred Hui dismissed my fear that I am poisoned with criminal intention as delusion. Informed me MOH or Food Inspection Agency will not do a testing for toxic elements in the food samples I stored in the freezer in my room. He gave details of a private lab (Altlab 416 800 8008) who may do testing for toxic elements.
  - G. Dr. Fred Hui informed me the lab reports will be available in 2½ week and advised me to come for a consultation after 4 weeks.
7. Based on article obtained from Internet I started to take Chromium and Manganese regularly.
8. As my symptoms are started to go worse I started my DMSA medication 3 days after I met Dr. Fred Hui and symptoms got started to stabilize.

9. On 14<sup>th</sup> of October 2010, I received a call from Dr. Fred Hui office saying the lab report for challenged urine test is ready. I went and picked up the report on same day. The report may told very high level of Aluminum, Mercury and Lead and moderately high level of Cadmium, Gadolinium, Nickel, Tin and Uranium being excreted in my Urine. Also the details for Titanium being excreted is not available.
10. Dr. Fred Hui's assistants recommended a treatment as soon as possible, but due to the financial reasons I was not able to start the treatment immediately.
11. After I met Dr. Fred Hui I recorded my Fasting and Post Prandial blood sugar levels regularly and the values started to come down with some up and downs.
12. Also I did Glucose Tolerance Test once in two week and observed my glucose tolerance improved.
13. On 20<sup>th</sup> of October 2010, I experienced sudden increase in Post Prandial blood sugar level. The previous difference between Fasting and Post Prandial blood sugar level was 2.4 (18<sup>th</sup> October 2010) but on 20<sup>th</sup> of October 2010 the difference was 5.5.
14. On 19<sup>th</sup> of October 2010, when return from work around 6 PM, I washed my cloths and left the cloths in dryer over night for the cloths to get dry. On 20<sup>th</sup> of October 2010, I did the measurement of fasting blood glucose value when I wake up and when ready to go for work opened the dryer and the got the cloths and wore them for my work. I may experienced a kind of sweet smell from the cloths which were left in the dryer over night. I did the measurement of Post Prandial blood sugar level when I reached the work place. I suspect unknown people may add some poisonous substances for the cloths left in the dryer over night. I may saved a pair of gloves and socks left in the dryer on that day in a plastic bag as a sample for further investigations and stored it with the food samples in my freezer.
15. On 21<sup>st</sup> of October 2010 a shipment of DMSA may unnecessarily delayed at Mississauga Canada Post facility by one day. This made me to reduce the DMSA dose for two days.
16. Incidents explained in paragraphs 12, 13 and 14 gave me a fear that the unknown people may take any possible opportunity to poison me or harass me.
17. Also from 25<sup>th</sup> of October 2010, I started to take Adrenal and Thyroid supportive medication.
18. On 25<sup>th</sup> of October 2010 I may experienced a mild hypoglycemic attack in the afternoon. I started to take the Gliclazide tablets only after the meals.
19. On 27<sup>th</sup> of October 2010, I called private laboratories in Toronto and Mississauga area and found out that testing for Toxic metals for the food items may cost 150 to 300 dollars per sample.
20. On 28<sup>th</sup> of October 2010, I went to see the Dr. Fred Hui.
  - A. Dr. Fred Hui recommended an IV chelating program for me. When I explained financially it is not practical for me, he helped me to design an oral chelating program.
  - B. Dr. Fred Hui told me the Lab reports are not conventionally accepted in Canadian health care system or judicial system so that no further action can be taken medically or judicially.
  - C. Dr. Fred Hui informed me he is not my family doctor and he will not help me to get referred to appropriate specialist, order lab reports in Canadian Health Care system or involve legal matters related to this issue.
  - D. When I asked for an expert letter regarding my Lab reports, he informed me it may unnecessary waste of money and the lab reports are self explanatory.
21. From 6<sup>th</sup> of November 2010, Gana Kiritharan started to communicate with his Medical Experts and Friends with Intention to receive better medical care and financial support.

**Scenario of incidents happened after 6<sup>th</sup> of November 2010 regarding Attempt to Poison Gana Kiritharan with criminal intention and his attempt to defend against such attempts:**

1. During November 2010 – December 2010 period I tried to educate Sri Lankan Tamil community living in Toronto area and others regarding this medical problem
  - A. I directly went and left documents explaining the situation with personals working in TVi and Tamil one (Toronto based Tamil Community Television Services).
  - B. I went and left documents explaining situation with Mr. Rudra; Lawyer's assistant for Mr. Thillainathan.
  - C. I also went and left a document with Dr. Nageswary's family medical practice clinic.
  - D. I also gave document explaining situation for several friends living in Scarborough area.
  - E. I also uploaded the documents on my web site at: <http://www.gkiri.com>
2. Though I tried to do more public education regarding this situation I was not able to do so because for following reasons.
  - A. Winter season made moving around very difficult.
  - B. I experienced sever financial difficulties.
  - C. My work schedule Monday to Friday; 6.00 AM to 4.00 PM made me difficult to find time for other works.
3. In November I went and see Dr. Jeyalingam. I saw him the lap reports I obtained from Doctor's Data lap. Though he looked into them with some interest, he may fail to accept it is his responsibility to treat this medical problem. When I asked whether Insulin injection will help me to achieve some control of my diabetic problem, he agreed with me and gave me a prescription. He also referred me to diabetic clinic in Scarborough hospital, also referred me to endocrinologist in same hospital.
4. On November 24<sup>th</sup> 2011, I went to Scarborough hospital and started treatment with Insulin injection.
5. Also I did regular lab experiments of my blood and urine during December 2011 and found my urine protein concentration suddenly increased. On my request my family doctor referred me to a Nephrologist.
6. On December 12<sup>th</sup> 2011, I went to see endocrinologist at Scarborough hospital. She may refused accept my medical problems may caused by toxic metals and described chelating doctors as money makers. She may failed to accept my endocrine organs (thyroid, adrenal etc) may experiencing stress due to toxic metals and failed to order any lap experiments to check them or any medication to support them.
7. When I went to see nephrologists she ordered for a detail lab experiment also for abdominal scan. On the abdominal scan, it was found a small cyst is forming in my right kidney and fatty liver infiltration.
8. Around February to March 2011 period I tried to sell my House and Land in Sri Lanka to solve my financial problems; I was not able to do it immediately for several reasons.
9. During January and March 2011, I experienced unusual form of postal delays; supply of Chelating Medicine DMSA also got interrupted. During this time the Toxic symptoms of Toxic Metal Toxicity started to go up.
10. As the medications failed to bring any big control for my diabetic problem, I made more reference on Internet and find out my medical problem better classified as Metabolic Syndrome.
11. During this time my Blood Pressure started to go up and nephrologists prescribe some Ca channel blocker as medication for my blood pressure problem.
12. When analyzing all information about my Medical Problem I realized I may be suffering form Hyper Insulinemia.

13. On 14<sup>th</sup> of March 2011, I went and see Dr. Fred Hui again. He also informed me I may suffering from Hyper Insulinemia and he advised me to stop Insulin injection and prescribed another injection, but I did not took the second one due to several reasons.
  14. I stopped Insulin Injection from 16<sup>th</sup> of March 2011 and tried to manage my diabetic problem on diet, exercise and herbal and oral hypoglycemic medication alone.
  15. On 20<sup>th</sup> March of 2011, unknown persons may added large amount of toxic metals to my cloths left in dryer for drying. When I took the cloths from dryer I experienced irritating smell coming from the cloths. I did not brought the cloths to my room directly, brought the cloths to living room and dust it off before bringing them to my room and started to do it as a routine.
  16. During March – April 2011 period there may be few sever attempt to poison me through several means. I took more precaution to protect myself. I sealed off ventilation duct coming into my room.
  17. From first week of April 2011, my security guard shift was changed from day shift to night shift and from last week of April 2011, the company where I was working may asked to come for 7 days a week.
  18. Though I experienced some stress because of the new work hours, I was able to do some other works during day time and my financial problem may be temporarily solved.
  19. I decided to do more detail lab experiments regarding Toxic Metal Toxicity problem. I repeated Hair Mineral Analysis and did three different Challenged Urine Tests. (One with DMPS, CaEDTA, Second one with DMSA and Third one with ALA, DMSA.)
  20. When doing challenged urine test, I experienced my fasting blood glucose level went below 7 mmol/L and stayed for a while there.
  21. I completed the challenged urine tests around July 14<sup>th</sup> 2011 and around this period I had to remove the seal I put for the ventilation duct of my room as the temperature in Toronto area went above 30<sup>o</sup>C.
  22. After these incidents I experienced my fasting blood glucose level started to go up and it reached 8 mmol/L.
  23. As a result I sealed off the ventilation duct of my room again and took more precaution to protect myself from poisoning attempts.
  24. From mid part of May 2011 till mid part of September my fasting glucose level stayed around 7 mmol/L. Though I ate Ice cream, stagy food like Pittu and Marawali chips (Maniok jadalany) my fasting glucose level did not change much. I carried out a lab experiment of Hemoglobin A1C on 6 September 2011 and found the result was .074.
  25. But from end of September 2011 again my fasting blood glucose value started to fluctuate again. So I carried out challenged urine test on 12<sup>th</sup> October 2011 and again on 5<sup>th</sup> December 2011 and found that level of arsenic in my urine level which was below detection limit on 14<sup>th</sup> July 2011 started to reappear and go increase in concentration.
  26. So I took more precaution to protect my-self from poisoning attempts and increased the ventilation of my room and work site.
- Following Details Added on 12 May 2012.**
27. I may continue to experience repeated poisoning attempts until as late as May 2012 first week.
  28. Because of this continued criminal activity my fasting blood glucose value continued to fluctuate.
  29. I did two Hemoglobin A1C on December 17<sup>th</sup> 2011 and March 17<sup>th</sup> 2012 and found elevated to .085 and .084. Also I did a Challenged urine test on 7<sup>th</sup> March 2012 and found Arsenic level in Urine continued to increase.
  30. Because of this continued criminal activity some people living in my environment also may stated to saw some toxic symptoms due to Toxic metal toxicity.

Poisoning Personal or Political Enemies with Toxic Metals may not be an unusual criminal offence.

27 December 2010 Last updated at 12:58 ET

# Germany investigates 'poisoning' of Russian dissidents

German prosecutors are investigating whether two Russian dissidents living in Berlin have been poisoned.

Earlier this month, the German weekly Focus reported that doctors had detected high levels of mercury in the blood of Viktor and Marina Kalashnikov.

He was a former colonel in the KGB while she is a historian and both have been critical of the Kremlin.

In 2006, former Russian agent Alexander Litvinenko was murdered by radioactive poisoning in London.

British investigators suspect former KGB agent Andrei Lugovoi is behind his murder.

A spokesman for the public prosecutors' office in Berlin confirmed that an investigation had been opened into whether the Kalashnikovs have been deliberately poisoned.

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## Russian rights lawyer 'poisoned'

French police have opened an inquiry into allegations that a prominent Russian human rights lawyer may have been poisoned in Strasbourg on Monday.



Ms Moskaleiko represents the family of Anna Politkovskaya

Karina Moskaleiko, who represents some of the Kremlin's best known critics, fell ill after finding a substance similar to mercury inside her car.

She and members of her family were later treated for nausea and headaches.

Prosecutors said there had not been enough of the substance to endanger life, but that more tests were needed.

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## Mercury poisoner 'blamed kettle'

A man who was poisoning his ex-wife's tea with mercury told her that the kettle needed cleaning when she queried metal in her cup.

William Dowling, 69, of Colne, poisoned Maureen Dowling's drink so she would become ill and dependent on him, Preston Crown Court was told.

Dowling admitted administering a poison with intent to injure or aggrieve.

Judge Anthony Russell QC adjourned sentencing for medical reports on the effect of the mercury on Mrs Dowling.

Mark Lamberty, prosecuting, said Mrs Dowling, 64, moved out of the family home in Linden Road after their relationship broke down four years ago.

### 'Silver ball bearings'

She visited regularly, but began to feel ill with pins and needles, headaches and indigestion after she had been to see her ex-husband.

Mrs Dowling visited on 13 February last year and noticed what appeared to be ball-bearings at the bottom of her cup, the court heard.

"She showed that to her daughter Julie and commented she had noticed that in her cup before and it always appeared to be the situation that the defendant made the tea," Mr Lamberty said.

"She commented and he replied 'they must be coming off the kettle' and in another comment 'they must be coming off the teabags'."



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COLLECTION TIME  
2010/06/21 N/A

573 67-36524674 FINAL

2010/06/21 2010/06/25

PATIENT: KIRITHARAN, GANA  
10 STONEHILL CRT 307  
SCARBOROUGH  
ONTARIO  
M1W 2X8

1438520023 PD

DR. M. SELVANANTHAN  
CML HEALTHCARE INC.  
6560 KENNEDY RD  
MISSISSAUGA, ON  
L5T 2X4

573  
9 A

1967/09/09

SEX M 42 Y

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PHONE: 800-263-0801

PHONE: 416-820-8581

COMMENTS

OUTSIDE  
NORMAL  
LIMITS

CODES TEST DESCRIPTION

RESULTS

REFERENCE RANGE

CHEMISTRY

MERCURY

15.4

< 18.0 nmol/L

MERCURY REGULATION (Ontario Ministry of Labor)

Mercury in blood reflects very recent absorption and cannot be considered to reflect chronic exposure.

When a worker exposed to alkyl mercury compounds shows any concentration of mercury, a review of work practices, health status and personal hygiene practices must be made.

If blood test for alkyl mercury exposure shows result  $\geq 500$  nmol/L, a second test must be performed as soon as possible. If elevated level is confirmed, the worker must be removed from exposure. If the worker shows any symptoms of mercury toxicity, he/she must be removed from exposure regardless of blood concentration. Return to work should not be permitted until blood mercury concentration drops below 50 nmol/L.

Environmental exposure:

0.0 - 40.0 nmol/L, individuals consuming large quantities of seafood may have values as high as 998 nmol/L.

Occupational exposure: BEI (Biological Exposure Index): inorganic mercury (sampling time is end of shift at end of work week): 75 nmol/L.

C - CONFIRMED BY OTHER TEST    B - HEMOLYZED    I - INSUFFICIENT QUANTITY    K - ICTERIC  
L - LIPEMIC    R - REPEATED    T - TELEPHONED

LABORATORY REPORT  
RESULT INQUIRY  
SEE REVERSE

PAGE 1 OF 1 2010/06/25 15:00:06





# Anamol

Laboratories

Analyzed by Doctor's Data, Inc.

## Hair Mineral Analysis

Client #: 33379 Doctor: Makoto Trotter, ND Zen-Tai Wellness Center 302-120 Carlton St Toronto, ON M5A 4K2 CANADA	Lab #: H100723-2362-1 Name: Gana Kiritharani ID: KIRITHARANI-G-00001 Sex: Male Age: 42	Hair Location: Head Sample Size: 0.199 g Hair Colour: Black Shampoo: Head And Shoulders Treatment:	Date Collected: 7/19/2010 Date In: 7/23/2010 Date Out: 7/24/2010 Methodology: ICP-MS
--	--	--	---

Toxic Elements	Results (µg/g)	Ref Range	Within Range	Above Range	
Aluminum	4.3	< 7.0			Al
Antimony	0.057	< 0.066			Sb
Arsenic	0.023	< 0.080			As
Barium	1.4	< 1.0			Ba
Beryllium	< 0.01	< 0.020			Be
Bismuth	0.042	< 2.0			Bi
Cadmium	0.24	< 0.065			Cd
Lead	1.8	< 0.80			Pb
Mercury	1.1	< 0.80			Hg
Platinum	< 0.003	< 0.005			Pt
Thallium	0.001	< 0.002			Tl
Thorium	< 0.001	< 0.002			Th

Nutritional Elements	Results (µg/g)	Ref Range	Below Range	50 <sup>th</sup> Percentile	Above Range	
Boron	0.61	0.40- 3.0				B
Calcium	1730	200- 750				Ca
Chromium	0.39	0.40- 0.70				Cr
Copper	110	11- 30				Cu
Iron	14	7.0- 16				Fe
Magnesium	120	25- 75				Mg
Manganese	0.26	0.08- 0.50				Mn
Molybdenum	0.070	0.025- 0.060				Mo
Phosphorus	209	150- 220				P
Potassium	49	9- 80				K
Rubidium	0.084	0.011- 0.12				Rb
Sulfur	50500	44000- 50000				S
Selenium	1.3	0.70- 1.2				Se
Sodium	96	20- 180				Na
Strontium	5.0	0.30- 3.5				Sr
Zinc	300	130- 200				Zn

\* <dl = Less than Detection Limit      Comments: v10.08

Potentially Toxic Elements	Results (µg/g)	Ref Range	Other Elements	Results (µg/g)	Ref Range	Significant Ratios	Results	Ref Range
Nickel	0.18	< 0.20	Cobalt	0.015	0.004- 0.020	Ca:Mg	14.4	4- 30
Silver	0.33	< 0.08	Germanium	0.033	0.030- 0.040	Fe:Cu	0.127	0.2-1.3
Tin	0.17	< 0.30	Iodine	0.29	0.25- 1.8	Na:K	1.96	0.5- 10
Titanium	0.52	< 0.60	Lithium	0.004	0.007- 0.020	Zn:Cu	2.73	4- 20
Uranium	0.018	< 0.060	Vanadium	0.025	0.018- 0.065	Zn:Cd	> 999	> 800
			Zirconium	0.024	0.020- 0.44			



# Anamol

Laboratories

Analyzed by Doctor's Data, Inc.

## Hair Mineral Analysis

Client #: 33379 Doctor: Zen-Tai Wellness Center 302-120 Carlton St Toronto, ON M5A 4K2 CANADA	Lab #: H110714-2346-1 Name: Gana Kiritharan ID: KIRITHARAN-G-00001 Sex: Male Age: 43	Hair Location: Head Sample Size: 0.196 g Hair Colour: Black Shampoo: Head Shoulders Treatment:	Date Collected: 7/8/2011 Date In: 7/14/2011 Date Out: 7/19/2011  Methodology: ICP-MS
---	--	--	--

Toxic Elements	Results (µg/g)	Ref Range	Within Range	Above Range	
Aluminum	4.7	< 7.0			Al
Antimony	0.017	< 0.066			Sb
Arsenic	0.014	< 0.080			As
Barium	0.66	< 1.0			Ba
Beryllium	< 0.01	< 0.020			Be
Bismuth	0.005	< 2.0			Bi
Cadmium	0.086	< 0.065			Cd
Lead	1.4	< 0.80			Pb
Mercury	0.06	< 0.80			Hg
Platinum	< 0.003	< 0.005			Pt
Thallium	0.001	< 0.002			Tl
Thorium	0.001	< 0.002			Th

Nutritional Elements	Results (µg/g)	Ref Range	Below Range	50 <sup>th</sup> Percentile	Above Range	
Boron	0.52	0.40- 3.0				B
Calcium	1260	200- 750				Ca
Chromium	0.37	0.40- 0.70				Cr
Copper	110	11- 30				Cu
Iron	9.3	7.0- 16				Fe
Magnesium	87	25- 75				Mg
Manganese	0.19	0.08- 0.50				Mn
Molybdenum	0.040	0.025- 0.060				Mo
Phosphorus	197	150- 220				P
Potassium	34	9- 80				K
Rubidium	0.072	0.011- 0.12				Rb
Sulfur	46700	44000- 50000				S
Selenium	1.2	0.70- 1.2				Se
Sodium	41	20- 180				Na
Strontium	2.7	0.30- 3.5				Sr
Zinc	240	130- 200				Zn

\* <dl = Less than Detection Limit      Comments: v10.08

Potentially Toxic Elements	Results (µg/g)	Ref Range	Other Elements	Results (µg/g)	Ref Range	Significant Ratios	Results	Ref Range
Nickel	0.11	< 0.20	Cobalt	0.004	0.004- 0.020	Ca:Mg	14.5	4- 30
Silver	0.02	< 0.08	Germanium	0.033	0.030- 0.040	Fe:Cu	0.085	0.2-1.3
Tin	0.19	< 0.30	Iodine	0.28	0.25- 1.8	Na:K	1.21	0.5- 10
Titanium	0.40	< 0.60	Lithium	< 0.004	0.007- 0.020	Zn:Cu	2.18	4- 20
Uranium	0.017	< 0.060	Vanadium	0.019	0.018- 0.065	Zn:Cd	> 999	> 800
			Zirconium	0.038	0.020- 0.44			

# URINE TOXIC METALS



**LAB #:** U100928-2270-1  
**PATIENT:** Gana Kiritharan  
**ID:** KIRITHARAN-G-00001  
**SEX:** Male  
**AGE:** 43

**CLIENT#:** 25809  
**DOCTOR:** Fred Hui, MD  
 The Chelation Center Downtown  
 421 Bloor St East, #204  
 Toronto, ON M4W 3T1 CANADA

## POTENTIALLY TOXIC METALS

METALS	RESULT µg/g creat	REFERENCE RANGE	WITHIN REFERENCE RANGE	ELEVATED	VERY ELEVATED
Aluminum	260	< 25			
Antimony	0.2	< 0.3			
Arsenic	33	< 108			
Barium	7.6	< 7			
Beryllium	< dl	< 0.5			
Bismuth	0.1	< 10			
Cadmium	1.4	< 0.8			
Cesium	6.5	< 9			
Gadolinium	0.4	< 0.3			
Lead	28	< 2			
Mercury	23	< 3			
Nickel	25	< 10			
Palladium	< dl	< 0.3			
Platinum	0.07	< 1			
Tellurium	< dl	< 0.3			
Thallium	0.3	< 0.5			
Thorium	< dl	< 0.03			
Tin	21	< 9			
Titanium	N/A	< 15			
Tungsten	0.2	< 0.4			
Uranium	0.2	< 0.03			

## URINE CREATININE

	RESULT mg/dL	REFERENCE RANGE	2SD LOW	1SD LOW	MEAN	1SD HIGH	2SD HIGH
Creatinine	71.4	45 - 225					

## SPECIMEN DATA

**Comments:**

Date Collected: 9/27/2010	pH upon receipt: Acceptable	Collection Period: timed: 2 hours
Date Received: 9/28/2010	<dl: less than detection limit	Volume:
Date Completed: 10/3/2010	Provoking Agent: DMP5 CAEDTA	Provocation: POST PROVOCATIVE
Method: ICP-MS		

Toxic metals are reported as µg/g creatinine to account for urine dilution variations. Reference ranges are representative of a healthy population under non-challenge or non-provoked conditions. No safe reference levels for toxic metals have been established.

V12



LAB #: U110620-2251-1  
 PATIENT: Gana Kiritharan  
 ID: KIRITHARAN-G-00001  
 SEX: Male  
 AGE: 43

CLIENT #: 25809  
 DOCTOR: Fred Hui, MD  
 The Chelation Center Downtown  
 421 Bloor St East, #204  
 Toronto, ON M4W 3T1 CANADA

**Toxic Metals; Urine**

TOXIC METALS					
		RESULT µg/g creat	REFERENCE INTERVAL	WITHIN REFERENCE	OUTSIDE REFERENCE
Aluminum	(Al)	16	< 25		
Antimony	(Sb)	0.6	< 0.3		
Arsenic	(As)	18	< 108		
Barium	(Ba)	14	< 7		
Beryllium	(Be)	< dl	< 1		
Bismuth	(Bi)	3.5	< 10		
Cadmium	(Cd)	0.8	< 0.8		
Cesium	(Cs)	5.4	< 9		
Gadolinium	(Gd)	< dl	< 0.3		
Lead	(Pb)	15	< 2		
Mercury	(Hg)	3.4	< 3		
Nickel	(Ni)	19	< 10		
Palladium	(Pd)	< dl	< 0.3		
Platinum	(Pt)	< dl	< 1		
Tellurium	(Te)	< dl	< 0.8		
Thallium	(Tl)	0.9	< 0.5		
Thorium	(Th)	< dl	< 0.03		
Tin	(Sn)	10	< 9		
Tungsten	(W)	< dl	< 0.4		
Uranium	(U)	< dl	< 0.03		

URINE CREATININE							
	RESULT mg/dL	REFERENCE INTERVAL	-2SD	-1SD	MEAN	+1SD	+2SD
Creatinine	16.3	45- 225					

SPECIMEN DATA			
Comments:			
Date Collected: 6/16/2011	pH upon receipt: Acceptable	Collection Period: timed: 2 hours	
Date Received: 6/20/2011	<dl: less than detection limit	Volume:	
Date Completed: 6/21/2011	Provoking Agent: DMPS EDTA	Provocation: POST PROVOCATIVE	
Method: ICP-MS	Creatinine by Jaffe Method		
Results are creatinine corrected to account for urine dilution variations. Reference intervals and corresponding graphs are representative of a healthy population under non-provoked conditions. Chelation (provocation) agents can increase urinary excretion of metals/elements.			
V13			



LAB #: U110701-2354-1  
 PATIENT: Gana Kiritharan  
 ID: KIRITHARAN-G-00001  
 SEX: Male  
 AGE: 43

CLIENT #: 34074  
 DOCTOR: Wendy Pitblado  
 77 Lowell Street North  
 Cambridge, ON N1R 5E2 CANADA

### Toxic Metals; Urine

TOXIC METALS					
		RESULT µg/g creat	REFERENCE INTERVAL	WITHIN REFERENCE	OUTSIDE REFERENCE
Aluminum	(Al)	6.3	< 25		
Antimony	(Sb)	0.2	< 0.3		
Arsenic	(As)	5	< 108		
Barium	(Ba)	4.9	< 7		
Beryllium	(Be)	< dl	< 1		
Bismuth	(Bi)	< dl	< 10		
Cadmium	(Cd)	0.6	< 0.8		
Cesium	(Cs)	3.9	< 9		
Gadolinium	(Gd)	< dl	< 0.3		
Lead	(Pb)	5.8	< 2		
Mercury	(Hg)	0.5	< 3		
Nickel	(Ni)	6.6	< 10		
Palladium	(Pd)	< dl	< 0.3		
Platinum	(Pt)	< dl	< 1		
Tellurium	(Te)	< dl	< 0.8		
Thallium	(Tl)	0.3	< 0.5		
Thorium	(Th)	< dl	< 0.03		
Tin	(Sn)	0.3	< 9		
Tungsten	(W)	0.05	< 0.4		
Uranium	(U)	< dl	< 0.03		

URINE CREATININE							
	RESULT mg/dL	REFERENCE INTERVAL	-2SD	-1SD	MEAN	+1SD	+2SD
Creatinine	105	45 - 225					

SPECIMEN DATA			
Comments:			
Date Collected: 6/30/2011	pH upon receipt: Acceptable	Collection Period: timed: 6 hours	
Date Received: 7/1/2011	<dl: less than detection limit	Volume:	
Date Completed: 7/5/2011	Provoking Agent: DMSA	Provocation: POST PROVOCATIVE	
Method: ICP-MS	Creatinine by Jaffe Method		
Results are creatinine corrected to account for urine dilution variations. Reference intervals and corresponding graphs are representative of a healthy population under non-provoked conditions. Chelation (provocation) agents can increase urinary excretion of metals/elements.			
V13			



LAB #: U110715-2059-1  
 PATIENT: Gana Kiritharan  
 ID: KIRITHARAN-G-00001  
 SEX: Male  
 AGE: 43

CLIENT #: 34074  
 DOCTOR: Wendy Pitblado  
 77 Lowell Street North  
 Cambridge, ON N1R 5E2 CANADA

### Toxic Metals; Urine

TOXIC METALS					
		RESULT µg/g creat	REFERENCE INTERVAL	WITHIN REFERENCE	OUTSIDE REFERENCE
Aluminum	(Al)	31	< 25		
Antimony	(Sb)	0.2	< 0.3		
Arsenic	(As)	< dl	< 1.08		
Barium	(Ba)	7.5	< 7		
Beryllium	(Be)	< dl	< 1		
Bismuth	(Bi)	< dl	< 10		
Cadmium	(Cd)	0.7	< 0.8		
Cesium	(Cs)	5.5	< 9		
Gadolinium	(Gd)	< dl	< 0.3		
Lead	(Pb)	6.1	< 2		
Mercury	(Hg)	0.8	< 3		
Nickel	(Ni)	9.8	< 10		
Palladium	(Pd)	< dl	< 0.3		
Platinum	(Pt)	< dl	< 1		
Tellurium	(Te)	< dl	< 0.8		
Thallium	(Tl)	0.3	< 0.5		
Thorium	(Th)	< dl	< 0.03		
Tin	(Sn)	0.8	< 9		
Tungsten	(W)	< dl	< 0.4		
Uranium	(U)	< dl	< 0.03		

URINE CREATININE							
	RESULT mg/dL	REFERENCE INTERVAL	-2SD	-1SD	MEAN	+1SD	+2SD
Creatinine	33.7	45 - 225					

SPECIMEN DATA			
Comments:			
Date Collected: 7/14/2011	pH upon receipt: Acceptable	Collection Period: timed: 6 hours	
Date Received: 7/15/2011	<dl: less than detection limit	Volume:	
Date Completed: 7/16/2011	Provoking Agent: DMSA ALA	Provocation: POST PROVOCATIVE	
Method: ICP-MS	Creatinine by Jaffe Method		
Results are creatinine corrected to account for urine dilution variations. Reference intervals and corresponding graphs are representative of a healthy population under non-provoked conditions. Chelation (provocation) agents can increase urinary excretion of metals/elements.			
V13			



LAB #: U111013-2412-1  
 PATIENT: Gana Kiritharan  
 ID: KIRITHARAN-G-00001  
 SEX: Male  
 AGE: 44

CLIENT #: 34074  
 DOCTOR: Wendy Pitblado

77 Lowell Street North  
 Cambridge, ON N1R 5E2 CANADA

*Toxic Metals; Urine*

TOXIC METALS					
		RESULT µg/g creat	REFERENCE INTERVAL	WITHIN REFERENCE	OUTSIDE REFERENCE
Aluminum	(Al)	7.1	< 25		
Antimony	(Sb)	0.2	< 0.3		
Arsenic	(As)	7.8	< 1.08		
Barium	(Ba)	9.1	< 7		
Beryllium	(Be)	< dl	< 1		
Bismuth	(Bi)	< dl	< 10		
Cadmium	(Cd)	0.7	< 0.8		
Cesium	(Cs)	7.6	< 9		
Gadolinium	(Gd)	< dl	< 0.3		
Lead	(Pb)	5.7	< 2		
Mercury	(Hg)	0.7	< 3		
Nickel	(Ni)	12	< 10		
Palladium	(Pd)	< dl	< 0.3		
Platinum	(Pt)	< dl	< 1		
Tellurium	(Te)	< dl	< 0.8		
Thallium	(Tl)	0.4	< 0.5		
Thorium	(Th)	< dl	< 0.03		
Tin	(Sn)	0.4	< 9		
Tungsten	(W)	0.08	< 0.4		
Uranium	(U)	< dl	< 0.03		

URINE CREATININE							
	RESULT mg/dL	REFERENCE INTERVAL	-2SD	-1SD	MEAN	+1SD	+2SD
Creatinine	59.1	45 - 225					

SPECIMEN DATA			
Comments:			
Date Collected: 10/12/2011	pH upon receipt: Acceptable	Collection Period: timed: 6 hours	
Date Received: 10/13/2011	<dl: less than detection limit	Volume:	
Date Completed: 10/17/2011	Provoking Agent: DMSA	Provocation: POST PROVOCATIVE	
Method: ICP-MS	Creatinine by Jaffe Method		
Results are creatinine corrected to account for urine dilution variations. Reference intervals and corresponding graphs are representative of a healthy population under non-provoked conditions. Chelation (provocation) agents can increase urinary excretion of metals/elements.			
V13			



LAB #: U111207-2237-1  
 PATIENT: Gana Kirijharan  
 ID: KIRIJHARAN-G-00001  
 SEX: Male  
 AGE: 44

CLIENT #: 34074  
 DOCTOR: Wendy Pitblado

77 Lowell Street North  
 Cambridge, ON N1R 5E2 CANADA

### Toxic Metals; Urine

TOXIC METALS						
		RESULT	REFERENCE	WITHIN REFERENCE		
		µg/g creat	INTERVAL	OUTSIDE REFERENCE		
Aluminum	(Al)	< dl	< 25			
Antimony	(Sb)	< dl	< 0.3			
Arsenic	(As)	9.1	< 108			
Barium	(Ba)	8.8	< 7			
Beryllium	(Be)	< dl	< 1			
Bismuth	(Bi)	< dl	< 10			
Cadmium	(Cd)	0.6	< 0.8			
Cesium	(Cs)	6.1	< 9			
Gadolinium	(Gd)	< dl	< 0.3			
Lead	(Pb)	6	< 2			
Mercury	(Hg)	1.1	< 3			
Nickel	(Ni)	13	< 10			
Palladium	(Pd)	< dl	< 0.3			
Platinum	(Pt)	< dl	< 1			
Tellurium	(Te)	< dl	< 0.8			
Thallium	(Tl)	0.4	< 0.5			
Thorium	(Th)	< dl	< 0.03			
Tin	(Sn)	0.2	< 9			
Tungsten	(W)	< dl	< 0.4			
Uranium	(U)	< dl	< 0.03			

URINE CREATININE						
		RESULT	REFERENCE			
		mg/dL	INTERVAL	-2SD	-1SD	MEAN
				+1SD	+2SD	
Creatinine		50.1	45- 225			

SPECIMEN DATA			
Comments:			
Date Collected:	12/5/2011	pH upon receipt:	Acceptable
Date Received:	12/7/2011	<dl:	less than detection limit
Date Completed:	12/9/2011	Provoking Agent:	DMSA
Method:	ICP-MS	Creatinine by:	Jaffe Method
Collection Period: timed: 6 hours Volume: Provocation: POST PROVOCATIVE			
Results are creatinine corrected to account for urine dilution variations. Reference intervals and corresponding graphs are representative of a healthy population under non-provoked conditions. Chelation (provocation) agents can increase urinary excretion of metals/elements.			
V13			



LAB #: U120309-2366-1  
 PATIENT: Gana Kiritharan  
 ID: KIRITHARAN-G-00001  
 SEX: Male  
 AGE: 44

CLIENT #: 34074  
 DOCTOR: Wendy Pitblado

77 Lowell Street North  
 Cambridge, ON N1R 5E2 CANADA

**Toxic Metals; Urine**

TOXIC METALS						
		RESULT µg/g creat	REFERENCE INTERVAL	WITHIN REFERENCE	OUTSIDE REFERENCE	
Aluminum	(Al)	4.7	< 25			
Antimony	(Sb)	0.1	< 0.3			
Arsenic	(As)	9.7	< 108			
Barium	(Ba)	13	< 7			
Beryllium	(Be)	< dl	< 1			
Bismuth	(Bi)	< dl	< 10			
Cadmium	(Cd)	0.4	< 0.8			
Cesium	(Cs)	5.7	< 9			
Gadolinium	(Gd)	< dl	< 0.3			
Lead	(Pb)	5.5	< 2			
Mercury	(Hg)	0.7	< 3			
Nickel	(Ni)	10	< 10			
Palladium	(Pd)	< dl	< 0.3			
Platinum	(Pt)	0.2	< 1			
Tellurium	(Te)	< dl	< 0.8			
Thallium	(Tl)	0.5	< 0.5			
Thorium	(Th)	< dl	< 0.03			
Tin	(Sn)	0.4	< 9			
Tungsten	(W)	< dl	< 0.4			
Uranium	(U)	< dl	< 0.03			

URINE CREATININE						
	RESULT mg/dL	REFERENCE INTERVAL	-2SD	-1SD	MEAN	+1SD +2SD
Creatinine	72.4	45- 225				

SPECIMEN DATA			
Comments:			
Date Collected: 3/7/2012	pH upon receipt: Acceptable	Collection Period: timed: 6 hours	
Date Received: 3/9/2012	<dl: less than detection limit	Volume: 700 ml	
Date Completed: 3/12/2012	Provoking Agent: DMSA	Provocation: POST PROVOCATIVE	
Method: ICP-MS	Creatinine by Jaffe Method		
Results are creatinine corrected to account for urine dilution variations. Reference intervals and corresponding graphs are representative of a healthy population under non-provoked conditions. Chelation (provocation) agents can increase urinary excretion of metals/elements.			
V13			

Following are the Symptoms and other clinical presentation observed by Gana Kiritharan over the last few years which may be due to mercury and/or other heavy metal poisoning.

Changes observed after starting the chelating therapy are explained in “Changes of Symptoms During Chelating Therapy.”

### **1. Skin problems**

I may be experiencing 2 or 3 small lumps under the skin in right arm. (No pain, Not growing, no lymph nodes.)

On my left side of the chest I developed few scatted purple papules. There was no discharge from these rashes.

I experienced excessive itching in my legs.

I experienced pimples which are not infected as other situation and fail to heal in normal way.

### **2. Muscle twitching.**

Around early 2003, while I was living in Ottawa, for the first time I observed some neurological symptoms in my body. Important one of them is Muscle twitching around left eye and left shoulder region.

I did not consult my family Doctor, but took some Aspirin and symptoms relieved after two or three weeks.

Again around later part of 2004 or early part of 2005; while I was living in Toronto I developed similar neurological symptoms.

The muscle twitching symptom became prominent during last few months and started to affect both eyes. Some times it even difficult to open both eyes.

### **3. Elevated Blood Glucose, Cholesterol and Triglyceride levels.**

I was diagnosed with high blood cholesterol and triglyceride problem around end of 2002 (while I was in Ottawa), and high blood glucose (diabetes) around end of 2004 (while I was in Toronto). My fasting blood triglyceride level and fasting blood glucose level moving up and down which may be difficult to explain. (Please see the Graphs presented).

### **4. Bad Smell in the Breath.**

Also for last two or three years I am experiencing a bad smell in my breath. I can describe it as some thing similar to a smell come from ventilation ducts when the air conditioner is starting. But this smell may be more irritating for your nose.

This smell may come after one or two hours after eating the poison food and stays for one to three hours. If I do some physical work or take sleep after the food, I do not remember having this smell.

## **5. Musculoskeletal System**

### **A. Muscle Cramps.**

I was experiencing muscle cramps for last few years. It may not be associated with my exercise. It may even come while I was lying on the bed. These cramps got relived in few minutes without any continuous pain.

Recently I experienced a sever muscle cramp while returning from a bicycle ride for 4 or 5 km. The cramp came on quadriceps muscle and it may affected my knee joint tendons severely. Though the cramp got relived next day pain associated with the knee tendon did not heal for a while.

During 2010 May first week I experienced a sudden sever back pain around my upper back. I took some Aspirin and gave some massage with hot water bottle. It got relived in two or three days.

### **B. Joint and Muscle Pain.**

Though I was experiencing general tiredness and muscle cramps explained above over a long period of time I did not experienced any localized pain until this year.

For last few months (from March – April 2010) I may be experiencing moderate to sever form of muscle and joint pain in my upper and lower limbs and also in the back.

It may start in one or two hours after I wake up from the bed and may stay for all the day.

It is a kind of inflammatory pain (a pain you may experience if you have infected wound.)

### **C. Characteristic Back Pain.**

I also experienced a characteristic back pain described by other victims of mercury poisoning. It localized between two shoulder blades and go up to the back of your neck. It starts with pin and needle feeling in the skin turning back into pain and gradually increases in severity. It may come while I am in bed but standing, walking carrying a back pack will increase the occurrence and severity of this pain.

### **D. Decreased Muscle Tone and Slow Moving.**

I may also experienced decreased muscle tone with slow moving. One problem I experienced because of decreased muscle tone may be difficulty in sitting in chair strait. In order to sit a chair strait, I should use my arms fixed to arm rest of the chair as clutches. Whenever I am unable use my arm like this (when using computer keyboard) my body will bend like a question mark in the chair.

## **6. Gingivitis**

For last three years or so I am experiencing gingivitis, bleeding of gum and frequent infection of the gum. I also may be experiencing excessive salivation.

I talked to my dentist on 9<sup>th</sup> of June 2010. Dentist confirmed the dental filling done for me in 2003 was not done with mercury and as the Gingivitis may be cased by several factors she advised me to consult a gum specialist.

## **7. Symptoms Affecting my Eye.**

I experience dim vision especially after exercise, occasional imaginary geometric figures appearing in the visual field. I also experienced burning sensation of my eyes. I experienced discharge from Eyes and complained during eye examination last few times.

I went for a complete examination of my eyes on 11<sup>th</sup> June 2010. Ophthalmologist observed only dry eyes. No other damages were observed during eye examination. Ophthalmologist prescribed “Tears Naturale” for the dry eye.

## **8. Gastrointestinal Effects**

In 2007 I experienced sever peptic ulcer symptoms and got treatment for it. I was experiencing constipation with anal fissures and related bleeding and in 2007 or 2008 went to see a GI surgeon regarding this. My few blood reports in 2008 and 2009 may have shown mild anemia. Last few months I was experiencing gastritis.

## **9. Neurological Problems.**

- A. Impairment of speech: I experienced difficulty in speaking fast or pronouncing difficult words.
- B. Hearing: I experienced difficulty in understanding rapidly told instructions.
- C. Information does not come through: If some body asks some thing suddenly I experienced difficulty in answering as the asked details failed to come immediately.
- D. Poor Muscle Coordination: I experienced following may be because of poor muscle coordination.
  - 1. Tried to fall while climbing up or down on stairs.
  - 2. Dropped Coins when giving or receiving at shops.

## **10. General Tiredness and Sleep Pattern.**

I felt tired and sleepy all the time. Some times I slept for 14 hours a day. Many instances I wakeup after every 2 hours. Some times I was able go back to sleep immediately but many instances the sleep got disturbed and made the rest of the day sleepy and tired.

This either decreased my capacity to work or made the work very painful.

I also experienced disturbing dreams.

## **11. Psychological disturbances**

I am experiencing identifiable short term memory loss over last few months.

I am also experiencing low self esteem, doing things by rote, depression and irritability.

## **12. Cardiovascular problems**

I am experiencing high blood pressure and taking Ramipril 10 mg for it. The dosage was increased by my MD from 2.5 mg to 10 mg over last few years.

### **13. Urinary Symptoms**

I may be experiencing urgency, frequency (only passing a small amount of urine each time) and end dribbling urinary symptoms for a long period of time. I went to see a specialist while I was in Ottawa (2002 or 2003) and he conducted an endoscope examination and told me he did not find any obvious pathology in my Urinary Tract.

### **14. Respiratory problems**

I am experiencing coughing persistently once in while.

### **15. Immunological Effects**

I am experiencing frozen shoulder left side which started two years before.

**Following are some pictures taken by Gana Kiritharan during his experience of Heavy Metal Toxicity.**

Gingivitis



Tenia in back of Neck during First Round of Chelating Therapy.



Papule (Started to heal) in chest.



Swollen Right Side of Thyroid.



Pimple Old (Dark Patches) and New



Black Color Dots.



Roughening of Skin



Angular Stomatitis



Gana Kiritharan's Male Adult Baldness Problem May be Aggravated by Toxic Metals.  
Before Hair Transplant (2006) 5 Months After Hair Transplant Presently (2010)



# KENNEDY AND SHEPPARD DIAGNOSTIC CLINIC

(BSA Diagnostics Medical Imaging - www.bsadiagnostics.com)

4002 Sheppard Avenue East, Suite 304  
Toronto, Ontario M1S 1S6

Telephone: 416.299.9895  
Fax: 416.299.9221

NAME: KIRITHARAN, GANA                      DOB: 09.09.1967      EXAM #: 11-04043  
DATE OF EXAM: 29.01.11                      REF: M SELVANANTHAN  
HIN #: 1438520023FD                      CC:

## ABDOMINAL SONOGRAM:

Right kidney shows a 1.67 x 1.42 cm cystic lesion showing an echogenic wall related focus - Differential diagnosis of which may include focal calyceal dilatation with milk of calcium/tiny calculus etc. Left kidney is unremarkable. No renal calculi, or hydronephrosis is noted.

The liver appears normal in size and contour - Its parenchymal sonographic characteristics are suggestive of fatty infiltration.

Pancreas, aorta, IVC, gallbladder, CBD, spleen, and retroperitoneum are unremarkable.

No abdominal mass, or free fluid collections are seen. Urinary bladder also appears normal and smooth in outline.

## IMPRESSION:

TODAY'S SONOGRAPHIC FINDINGS ARE SUGGESTIVE OF:

1. HEPATIC FATTY INFILTRATION.
2. A 1.67 CM RIGHT RENAL CYSTIC LESION SHOWING AN ECHOGENIC FOCUS WITH DIFFERENTIAL DIAGNOSIS AS DESCRIBED ABOVE (? FOCAL CALYCEAL DILATATION ETC., WITH MILK OF CALCIUM/TINY CALCULUS ETC.), FOR WHICH, I RECOMMEND APPROPRIATE FURTHER CLINICAL CORRELATION - ALSO, DIAGNOSTIC FOLLOW-UP CAN BE DONE IN 3 MONTHS INTERVAL TO MONITOR STABILITY, OBSERVE INTERVAL CHANGE.

*Need copy*

This Ultrasound Report may confirm there are some damages for Gana Kiritharan's Kidney. Though the radiologist suggests the echogenic substance in the cyst may be Calcium Syrup, Gana Kiritharan afraid it may contains Toxic Metals. Gana Kiritharan is waiting to see appropriate Medical Experts who may provide best treatment for this problem.

Continued on....

2/-

# KENNEDY AND SHEPPARD DIAGNOSTIC CLINIC

(BSA Diagnostics Medical Imaging - www.bsadiagnostics.com)

4002 Sheppard Avenue East, Suite 304  
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Fax: 416.299.9221

PAGE TWO

PATIENT NAME: KIRITHARAN, GANA

EXAM NO: 11-04043

**PROSTATE SONOGRAM:**  
-----

PREVOID: 120.21 CC. POST-VOID: NEGLIGIBLE. PROSTATE VOL.: 28.36 CC.

Prostate gland is mildly/asymmetrically enlarged measuring 38.4 x 32.5 x 43.4 mm, having volume 28.36 cc - No suspicious nodules are seen in the peripheral zone. A 0.80 x 0.44 cm what seem to be left ejaculatory duct cyst is noted. Right ejaculatory/both seminal vesicles are unremarkable.

On post-void scan negligible retention is noted. No pelvic masses, or free fluid collections are seen.

**IMPRESSION:**  
-----

MILDLY/ASYMMETRICALLY ENLARGED PROSTATE GLAND WITH VOLUME 28.36 CC - NEGLIGIBLE POST VOID RETENTION HOWEVER. A 0.80 CM LEFT EJACULATORY DUCT CYST - EXPECTED PSA 3.40.

(COLOUR FLOW DUPLEX APPLICATION WAS UNREMARKABLE).

THANK YOU FOR THIS REFERRAL AND IF YOU HAVE ANY QUESTIONS I CAN BE REACHED AT 416-299-9895

READ BY DR. M.H. MEHTA MD FRCPC  
CONSULTANT RADIOLOGIST BSA DIAGNOSTIC

DOI/DOT: 29/01/11

# KENNEDY AND SHEPPARD DIAGNOSTIC CLINIC

(BSA Diagnostics Medical Imaging - www.bsadiagnostics.com)

4002 Sheppard Avenue East, Suite 304  
Toronto, Ontario M1S 1S6

Telephone: 416.299.9895

Fax: 416.299.9221

NAME: KIRITHARAN, GANA  
DATE OF EXAM: 28.04.11  
HIN #: 1438520023FD

DOB: 09.09.1967 EXAM #: 11-17887  
REF: MANSULA MANOGARAN  
CC:

ABDOMINAL SONOGRAM:  
-----

CLINICAL HISTORY: FOLLOW-UP.

Comparison is made with our prior study dated January 29, 2011 (Exam No: 11-04043).

The liver is now mildly enlarged (17.95 cm) - Its parenchymal sonographic characteristics are again suggestive of fatty infiltration.

Right kidney again shows a cyst near mid pole now measuring 2.09 x 1.79 cm (previously 1.6 cm) and it again shows an echogenic wall focus - Left kidney remains unremarkable. Again, no frank hydronephrosis is noted in either kidney.

Again, pancreas, aorta, IVC, gallbladder, CBD, spleen, and retroperitoneum are unremarkable.

No abdominal mass, or free fluid collections are seen. Urinary bladder again appears normal and smooth in outline.

IMPRESSION:  
-----

TODAY'S SONOGRAPHIC FINDINGS ARE SUGGESTIVE OF:

1. NOW, MILD HEPATOMEGALY - PERSISTING, HEPATIC FATTY INFILTRATION.
2. AGAIN, A RIGHT RENAL CYST NOW MEASURING 2.09 CM (PREVIOUSLY 1.67 CM) AND IT AGAIN SHOWS AN ECHOGENIC FOCUS - DIFFERENTIAL DIAGNOSIS OF WHICH MAY INCLUDE TINY CALCULUS/NEPHROLITHIASIS/MILK OF CALCIUM, WITH FOCAL CALYCEAL DILATATION - NO SIGNIFICANT CHANGE SINCE OUR PRIOR EXAMINATION, I MAY AGAIN RECOMMEND APPROPRIATE FURTHER CLINICAL CORRELATION, AND AGAIN SONOGRAPHIC FOLLOW-UP CAN BE DONE IN 4-6 MONTHS INTERVAL TO MONITOR STABILITY, OBSERVE INTERVAL CHANGE.

(COLOUR FLOW DUPLEX APPLICATION WAS UNREMARKABLE).

THANK YOU FOR THIS REFERRAL AND IF YOU HAVE ANY QUESTIONS I CAN BE REACHED AT 416-299-9895

READ BY DR. M.H. MEHTA MD FRCPC  
CONSULTANT RADIOLOGIST BSA DIAGNOSTIC

DOI/DOT: 28/04/11

# KENNEDY AND SHEPPARD DIAGNOSTIC CLINIC

(BSA Diagnostics Medical Imaging - www.bsadiagnostics.com)

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NAME: KIRITHARAN, GANA  
DATE OF EXAM: 22.10.11  
HIN #: 1438520023KH

DOB: 09.09.1967 EXAM #: 11-45232  
REF: MANSULA MANOGARAN  
CC:

## ABDOMINAL SONOGRAM:

CLINICAL HISTORY: FOLLOW-UP.

Comparison is made with our prior study dated April 28, 2011 (Exam No: 11-17887).

The liver is again enlarged, now 20.9 cm (previously 17.9 cm) - Its parenchymal sonographic characteristics again suggest fatty infiltration.

Right kidney measures 13.1 cm and it again shows a cyst near mid pole now measuring 2.2 x 2.7 cm with echogenic wall focus (0.5 cm) - (Previously 2.0 cm). Again, no frank hydronephrosis is noted. Left kidney remains unremarkable measuring 13.09 cm.

Pancreas, aorta, IVC, gallbladder, CBD, spleen, and retroperitoneum remain unremarkable.

No abdominal mass, or free fluid collections are seen. Urinary bladder also appears normal and smooth in outline, with prevoid volume 134.6 cc, and post void negligible.

## IMPRESSION:

TODAY'S SONOGRAPHIC FINDINGS ARE SUGGESTIVE OF:

1. AGAIN, HEPATOMEGALY - PERSISTING, HEPATIC FATTY INFILTRATION.
2. THE RIGHT RENAL CYSTIC LESION NOW MEASURE 2.2 CM AND AGAIN SHOWS AN ECHOGENIC FOCUS (0.5 CM NOW) - DIFFERENTIAL DIAGNOSIS REMAINS THE SAME AS NOTED IN OUR PRIOR REPORT (CALCULUS, NEPHROLITHIASIS, MILK OF CALCIUM WITH FOCAL CALYCEAL DILATATION ETC) - NO SIGNIFICANT CHANGE SINCE OUR PRIOR EXAMINATION, NOW, MAY I RECOMMEND SONOGRAPHIC FOLLOW-UP IN 8-12 MONTHS INTERVAL TO MONITOR STABILITY, OBSERVE INTERVAL CHANGE (OR EARLIER IF CLINICALLY INDICATED).

(COLOUR FLOW DUPLEX APPLICATION WAS UNREMARKABLE).

THANK YOU FOR THIS REFERRAL AND IF YOU HAVE ANY QUESTIONS I CAN BE REACHED AT 416-299-9895

READ BY DR. M.H. MEHTA MD FRCPC  
CONSULTANT RADIOLOGIST BSA DIAGNOSTIC

DOI: 22/10/11  
DOT: 23/10/11



**DIAGNOSTIC IMAGING**  
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**REPORT**

Diagnostic Imaging      Phone (416) 495-2615      Fax (416) 495-2619

Unit #: **G0686955**  
**KIRITHARAN, GANA**  
DOB: 09/09/1967 Age: 44 Sex: M  
Acct #: G0066917/11 Loc: GDI  
Ordering Dr: Abramovitch, Allan MD, FRCSC  
Exam Date: 20/12/11 Status: REG CLI  
Req #: 11-0185105

Report #: 2012-0306      Signed Report

Allan Abramovitch  
4040 Finch Ave. E. #306  
SCARBOROUGH, ON M1S 4V5

Computed Tomography/Abdomen w/wo Pelvis w contr-AP

**MEDICAL HISTORY:** 44-year-old male with complex calcified cyst seen on ultrasound examination of the right kidney.

Both a nonenhanced and a thereafter a contrast enhanced CT of the kidneys was obtained as well as the abdomen pelvis.

**FINDINGS:**

The right renal cyst seen on ultrasound may contain some subtle milk of calcium in the posterior dependent portion.

The cyst is otherwise benign looking. It measures roughly 2.2 cm in diameter

The kidneys of otherwise appear normal.

**SUMMARY:**

Benign appearances of the right renal cyst.

Dictated By: Harvey Grosman MD, FRCPC  
Signed By: Harvey Grosman MD, FRCPC

## CHELATING PROGRAM

Gana Kiritharan started his attempt to avoid poisoning by Toxic metal as early as June 1<sup>st</sup> week, also started a chelating (removing toxic elements from body) program from 22<sup>nd</sup> June 2010. The details as follows:

### During this time his Diabetic and Cholesterol medication as follows:

(Gana Kiritharan took a high dose of Metformin (3000mg), Gliclazide (90 mg) and Rosiglitazone (8mg), Atorvastating (10mg) and Fenofibrate (160 mg) (in combination) in the month of June and July but from August taking following dose without any change.)

Diabetic Medication: Metformin 2000 mg (In Divided Doses)  
Gliclazide 60 mg (In Divided Doses)

Cholesterol Medication: Atorvastating 20 mg.

### I. From June first week he started Avoiding Food items he suspected may contain mercury.

- Stopped taking food he cooked on May 18<sup>th</sup> or 19<sup>th</sup>. (Stored the rest of the food cooked on that day into a freezer and locked it.)
- Stopped cooking food in his apartment.
- Avoid using Fridge in his kitchen to store his food.
- Brought a small Freezer into his room, put a padlock for it and started to store his food in it.



Sample of Suspected  
Food Items (Contain  
Toxic Metals)

- On 22<sup>nd</sup> of June 2010 Gana Kiritharan started **Supportive Medication** necessary for the Mercury Chelating program. He took supportive medications till 5<sup>th</sup> of July 2010 (14 Days).
- On 6<sup>th</sup> of July 2010 Gana Kiritharan started his chelating program. He took **DMSA 250 mg in early morning empty stomach** with supportive medication. He continued this till 19<sup>th</sup> of July 2010 (14 Days).
- From 20<sup>th</sup> of July 2010 till 30<sup>th</sup> of July 2010 (11 Days) Gana Kiritharan **did not take DMSA but continued supportive medications.**
- From 31 July 2010 to 27<sup>th</sup> of August 2007 (4 Weeks) Gana Kiritharan followed **Weekly Cycles** of chelating therapy. (DMSA (4 – 6 X 250 mg cap) during Weekends with Supportive Medication during Weekdays.)
- From 28<sup>th</sup> of August 2010 till 12<sup>th</sup> of September 2010 (16 days) Gana Kiritharan took **One or Two DMSA Every day during Afternoon.**
- From 13<sup>th</sup> of September 2010 till 26<sup>th</sup> of September 2010 (14 days) Gana Kiritharan **did not take DMSA but continued supportive medications.**
- On 27<sup>th</sup> of September 2010 a **Challenged Urine Toxic Metal Test** was carried out and Gana Kiritharan did not take DMSA for next two days.
- From 30<sup>th</sup> of September 2010 till 14<sup>th</sup> of October 2010 Gana Kiritharan took **One DMSA Every day or Every other day** during after noon.
- From 15<sup>th</sup> of October 2010 till 31<sup>st</sup> of October 2010 Gana Kiritharan took **Low Frequent Dose DMSA** continuously. (Started 2 tabs per day and went up to 4 tabs per day.)
- From 1<sup>st</sup> of November 2010 Gana Kiritharan started to give **Breaks** for his **Low Frequent Dose DMSA** program.

## **Gana Kiritharan Taking Several Supportive Medications in his Chelating Program. The Details of Such Medication as Follows:**

- 1. Chlorella:** This is an alga which has the property of absorbing Metals. This may absorb any Toxic Metals released into the Intestine with bile and prevent reabsorbing. Also may create a negative concentration of toxic elements inside the Intestine lumen so that more toxic metals will be released from Intestine walls into the Intestinal Lumen.

Gana Kiritharan started to take this Supplement from the beginning of his chelating program. He took minimum of 1640 mg (4 X 410 mg) daily. Whenever he took DMSA he increased the dose to 3280 mg (8 X 410 mg) daily.

Gana Kiritharan had to stop taking this tablet on 1<sup>st</sup> of September 2010 as the store where he was buying (General Nutrition Center (GNC)) stopped supplying this supplement. Gana Kiritharan started to buy this supplement from a new store and restarted this on from 22<sup>nd</sup> of September 2010. Now the dose is either 2000 mg (2 X 1000 mg) daily or 4000 mg daily.
- 2. NAC (N-Acetyl Cysteine):** This is a precursor of Glutathione which is the Natural chelating agent of human body. Gana Kiritharan adds this supplement to his chelating program from 13<sup>th</sup> of July 2010. Initially he took 1200 mg (2 X 600 mg) daily, but reduced to 600 mg daily after one week. Also again reduced to 600 mg 3 or 4 days only of each week. He stopped this supplement from 13<sup>th</sup> of September 2010. Now he is trying to determine whether he needs this supplement for his Chelating program if so what is the best dose.
- 3. Vitamin C:** This vitamin act as natural De toxic element and help to reduce the Toxic effects of Toxic Metals. Gana Kiritharan takes this from the beginning of his chelating program. He took minimum of 500 mg daily and increased the dose to 1000 mg whenever he takes DMSA. He increased the dose to 3000 mg from 22<sup>nd</sup> of September 2010 as he came to know about Cadmium (Healing) crisis and he thought he may suffering from it.
- 4. Vitamin E:** This vitamin may protect Central Nervous System from Toxic Metals. Gana Kiritharan is taking minimum of 400 I.U daily. Whenever DMSA is taken Gana Kiritharan increase the dose 800 I.U daily.
- 5. Garlic or MSM:** These supplements may recommended to increase the tissue storage of Sulfur so that cell will not break down DMSA for their Sulfur need. Initially Gana Kiritharan took 300 mg of Garlic and 300 mg of MSM. Now Gana Kiritharan is taking 1000 mg of MSM.
- 6. Calcium:** As Gana Kiritharan suffering from Cadmium poisoning high dose of Calcium is recommended. From the beginning of his Chelating program Gana Kiritharan taking 174 mg of Calcium. When he came to know about Cadmium (Healing) crisis he increased the dose to 1600 mg or above.
- 7. Adrenal and Thyroid Support or Supplement:** When you on chelating program the Adrenal and Thyroid functions may be affected temporarily. During chelating program Gana Kiritharan experienced right side of Thyroid swollen and frequent infections and disturbed sleep. So he added Adrenal and Thyroid Support and Supplement for his Chelating Program from 25<sup>th</sup> of October 2010.
- 8. Selenium, Magnesium, Chromium, Manganese and Other Useful Vitamins and Minerals:** It is recommended several other minerals and Vitamins added to the Chelating Program. Gana Kiritharan taking these additional supplements in high dose.

Now Gana Kiritharan is taking Supplement tablets (6 of them per day) Prepared by Dr. Fred Hui chelating center. Following table may give the details and comparison of supplements taken by Gana Kiritharan previously and presently.

### **Old Supplement Compared to Dr. Fred Hui Supplement and Additional.**

<b>Vitamins:</b>	<b>Old</b>	<b>(1Tab) Dr. Fred Hui</b>	<b>(6Tab) Additional</b>
i. Beta Carotene (A Source of Vitamin A)	3,000	2,500	15,000
ii. Vitamin A (Vitamin A Acetate)	1,000	1,667	10,000
iii. Vitamin E (DL –Alpha Tocopheryl Acetate)	50 + 800	67	400      400
iv. Vitamin C (Ascorbic Acid)	90 + 3000	200	1200    1000 - 2000
v. Folic Acid	0.6	133	800
vi. Vitamin B1 (Thiamine Mononitrate)	2.25	17	100
vii. Vitamin B2 (Riboflavin)	3.2	8	50
viii. Niacinamide	15	7 + 25	40 + 150
ix. Vitamin B6 (Pyridoxine Hydrochloride)	5	17	100
x. Vitamin B12 (Cyanocobalamin)	20	17	100
xi. Vitamin D3 (Cholecalciferol)	400	166	1,000
xii. Biotin	45	50	300
xiii. D-Pantothenic Acid (Calcium d-Pantothenate)	10	83	500
<b>Minerals:</b>			
xiv. Calcium (As Phosphate and Carbonate)	1674 + 16	83	500      > 1000
xv. Phosphorus (Calcium Phosphate Dibasic)	125		
xvi. Iodine (Potassium Iodine)	15	33	200
xvii. Iron (Ferrous Fumarate)	10		10
xviii. Magnesium (Magnesium Oxide)	250 + 50	83	500      > 250
xix. Copper (Cupric Oxide)	2		
xx. Manganese (Manganese Sulfate)	25 + 5	3	20      25
xxi. Potassium (Potassium Chloride)	40	17	99
xxii. Chromium (Chromium Chloride)	200 + 25	33	200      200
xxiii. Molybdenum (Sodium Molybdate)	25		
xxiv. Selenium (Sodium Selenite)	200 + 25	33	200      100
xxv. Zinc (Zinc Oxide)	15	4	25      200
xxvi. Nickel (Nickel Sulfate)	5		
xxvii. Tin (stannous chloride)	0.01		
xxviii. Vanadium (Sodium Metavanadate)	10		
xxix. Silicon (Sodium Metasilicate)	0.01		
<b>Other Ingredients:</b>			
xxx. Lutein	250		
<b>Other Supplements:</b>			
xxxi. MSM	1000		1000
xxxii. Adrenal + Thyroid Support (L-Thyrosine and Other)	400		400



Time Period	30th September 2010 - 14th October 2010	15th October 2010 - 31st October 2010	1st November 2010 - 3rd December 2010	4th Dec 2010 - 31st Dec 2011 (Increased Dose of DMSA)				1st Jan 2012 Until Now
				25 Nov 10 - 15 Mar 11	16 Mar - 30 Apr 2011	1 May - 15 July 2011	16 July 2011 till Now	
Period Description	DMSA Every Day or Every other day	Continuous DMSA	Continuous DMSA + Breaks	When Taking Insulin	Strict Diet and Exercise	When Doing 3 Different Challenged Urine Test	Renewed Attempt to Poison me	Low DMSA + High ALA
<b>Fasting Blood Glucose Reading</b>	<b>Around 14</b>	<b>Down to 9.7</b>	<b>Between 11 - 15</b>	<b>Between 10 - 16</b>	<b>Between 12 - 16</b>	<b>Came Down to 6</b>	<b>Went up to 8</b>	<b>Fluct Betw 9.5 - 5.5</b>
<b>Diabetic Medication</b>								
Metformin	1000 mg 2 times Daily	1000 mg 2 times Daily	1000 mg 2 times Daily	1000 mg 2 times Daily	1000 mg 2 times Daily	1000 mg 2 times Daily	1000 mg 2 times Daily	Started to Reduce
Gliclazide	30 mg 2 times Daily	30 mg 2 times Daily	30 mg 2 times Daily					
Rosiglitazone								
Insulin				10 - 26 Units				
<b>Cholesterol Medication</b>								
Atorvastating	20 mg	20 mg	20 mg	20 mg	20 mg			
Fenofibrate						200 mg	200 mg	160 mg
<b>Other Medications</b>								
Ramipril	5 mg	5 mg	5 mg	5 mg	5 mg	10 mg	10 mg	10 mg
Low Dose Aspirin	81 mg	81 mg	81 mg	81 mg	81 mg	81 mg	81 mg	81 mg
Nifedipene				30 mg 2 times Daily				
<b>Chelating</b>								
DMSA	250 mg Daily	750 mg Daily	750 mg Daily + Break	1500 mg Daily + Break	1500 mg Daily + Break	1500 mg Daily + Break	1500 mg Daily + Break	1250 mg When Needed
NAC			600 mg 3 times Daily	600 mg 3 times weekly	600 mg 4 times Daily	600 mg 4 times Daily	600 mg 4 times Daily	600 mg 3 time daily
Chlorella	1000 mg 2 times Daily	1000 mg 2 times Daily	1000 mg 2 times Daily	1000 mg 2 times Daily	1000 mg 2 times Daily	1000 mg 2 times Daily	1000 mg 2 times Daily	1000 mg daily
Vitamin C (Buffered)	1500 mg 2 Times Daily	1500 mg 2 Times Daily	1500 mg 2 Times Daily	1000mg 4-6 Time Daily	500 mg 4-6 Time Daily	500 mg 4-6 Time Daily	500 mg 4-6 Time Daily	500 mg 4 times
Vitamin E	800 IU	800 IU	800 IU	800 IU	800 IU	800 IU	800 IU	400 IU
ALA				600 mg Daily + Break	600 mg Daily + Break		600 mg Daily + Break	250 mg 4 Times Daily
<b>Nutritional</b>								
Multivitamin with Minerals	1 Tablet Daily	1 Tablet Daily						1 Tablet Daily
Ultra Balance III (Multi Vit & Min)			6 Tablets Daily	2 Tablets Daily	4 Tablets Daily	6 Tablets Daily	6 Tablets Daily	3 Tablets Daily
Additional Calcium with Vit D3	1200 mg Daily	1200 mg Daily	1200 mg Daily	1200 mg Daily			1200 mg Daily	1200 mg Daily
Additional Zing	200 mg Daily	200 mg Daily	200 mg Daily	200 mg Daily	200 mg Daily	200 mg Daily	200 mg Daily	100 mg Daily
Chromium, Vanadium, Boron, Lithium				2 Tab Each Daily	2 Tab Each Daily		2 Tab Each Daily	1 Tab Each Daily
Adrenal & Thyroid Support		2 Tab Daily	2 Tab Daily	2 Tab Daily	2 Tab Daily	2 Tab Daily	2 Tab Daily	1 Tab Daily
Adrenal Supplement				2 Tab Daily	2 Tab Daily	2 Tab Daily	2 Tab Daily	1 Tab Daily
Milk Thistle				2 Tab Daily	2 Tab Daily	4 Tab Daily	4 Tab Daily	3 Tab Daily
MSM	1 Tab Daily	1 Tab Daily	1 Tab Daily			1 Tab Daily	1 Tab Daily	1 Tab Daily
Omega 3, 6, 9	2 Tablets Daily	2 Tablets Daily	2 Tablets Daily	2 Tablets Daily	2 Tablets Daily			
Lecithin				2 Tablets Daily	2 Tablets Daily			
Flex Seed Oil				2 Tablets Daily	2 Tablets Daily	4 Tablets Daily	4 Tablets Daily	3 Tablets Daily

# Summary of Changes of Symptoms During Chelating Therapy

Following are the Summary of Changes of Symptoms observed during Chelating Therapy.

## 1. Skin problems

### **The 3 small lumps under the skin in right arm:**

Weekly Cycle: => Only realized during weekly cycle part of the treatment. They are same as it is after that. Do not grow or multiply. Some times appears to become small when taking DM SA.

### **Purple Papules rashes on left side of the chest:**

Avoiding Poison Food: => No Change.

Supportive Medication for Chelating: => No Change.

One DM SA every morning: => No Change.

Only Supportive Medicine: => No Change.

Weekly Cycle: => For first two week became prominent when DM SA is being taken but after that subside and did not come back.

### **Excessive itching in the legs:**

Avoiding Poison Food: => Not much change.

Supportive Medication for Chelating: => Slightly came down.

One DM SA every morning: => Disappeared after 4 or 5 days and never come back.

### **Pimples which are not infected:**

Avoiding Poison Food: => Two or three in various parts of body.

Supportive Medication for Chelating: => Same as above.

One DM SA every morning: => During 2<sup>nd</sup> week new one may appeared.

Only Supportive Medicine: => One or two new one.

Weekly Cycle: => No new ones.

One or Two DM SA afternoon: => Few new ones.

Supportive Medicine: => Few new ones.

Challenged Urine Test + 3 Days: => Few new ones.

DM SA Everyday or Every other day: => Few new ones.

Continuous DM SA: => Few new ones.

Continuous DM SA + Breaks: => Do not appear any more.

## 2. Muscle twitching.

Avoiding Poison Food: => Stayed there, coming on and off.

Supportive Medication for Chelating: => May slightly reduced.

One DM SA every morning: => For first week slightly disappeared, but second week became prominent and disturbing.

Only Supportive Medicine: => For first week it was there, but improved during second week.

Weekly Cycle: => Disappear when taking DM SA but may appear during catch up period.

One or Two DM SA afternoon: => After increased the Zing dose it may disappeared and only come back very occasionally.

### 3. Elevated Blood Glucose:

Fasting (6 – 8 Hours of Fasting), Random and Post Prandial blood sugar are being measured using Finger Tip Blood Analyzing Glucose Meter.

Type of Measure	Fasting			Random or Post Prandial		
	Max	Min	Ave	Max	Min	Ave
Avoiding Suspected Poison Food:	15.1	14.8	15.0	22.6	15.9	19.7
Supportive Medicine for Chelating:	13.3	9.2	11.5	20.4	11.1	15.2
1 DMSA Every Morning:	12.7	9.6	11.3	18.4	12.3	15.4
Only Supportive Medicine:	11.3	9.1	10.5	22.3	14.7	18.5
DMSA in Weekly Cycle:	12.6	7.3	9.8	13.9	12.8	13.5
1 or 2 DMSA Every Afternoon:	15.2	11.1	12.7	N/A	N/A	N/A
Only Supportive Medicine:	17.4	13.9	15.7	N/A	N/A	N/A
Challenge Urine Test + 3 Days:	15.4	14.8	15.1	17.7	17.7	17.7
DMSA: Every or Every Other Day:	15.6	12.6	14.1	24.4	16.8	19.9
Continuous DMSA:	13.0	9.7	12.0	19.4	8.6	16.0
Continuous DMSA + Break:	8.0	5.7	6.5	12.5	9	11
LowDMSA+HighALA (Arsenic Poisoning may continued)	9.6	5.5	7	Not done		

### 4. Bad Smell in the Breath.

Avoiding Poison Food: => Able to identify which food causing it and started to avoid it.

Supportive Medication for Chelating: => May not prominent unless took some suspected poisoned food.

One DMSA every morning: => First week did not appear but during second week become severe during afternoons. On the day I took some food provided by my friend the smell was very severe.

Only Supportive Medicine: => Only during first few days then disappeared.

Weekly Cycle: => When taking DMSA it do not come, but when taking Vitamins and Minerals it appears.

One or Two DMSA afternoon: => It appears during morning after taking Vitamins and minerals.

Supportive Medicine: => It appears after taking Vitamins and minerals.

Challenged Urine Test + 3 Days: => A typical sweet smell may appeared after one hour of DMSA & CAEDTA injection and stayed for more than 12 hours.

DMSA Everyday or Every other day: => It appears after vitamins and minerals dose.

Continuous DMSA: => It appears after vitamins and minerals, also may brought by DMSA dose.

Continuous DMSA + Breaks: => Occasionally appears after vitamins and minerals, also may brought by DMSA dose.

LowDMSA+HighALA (Arsenic Poisoning may continued): => Occasionally appears after vitamins and minerals, also may brought by DMSA dose.

### 5. Musculoskeletal System.

#### A. Muscle Cramps:

Avoiding Poison Food: => No major incident (Started to reduce activity and exercise.)

Supportive Medication for Chelating: => No major incident

One DMSA every morning: => No major incident

Only Supportive Medicine: => No major incident

Weekly Cycle: => No major incident

One or Two DMSA afternoon: => Experienced one day early in the morning 2 AM in calf muscles.

Supportive Medicine: => May had cramps in calf muscles around 2 AM couple of times.

Challenged Urine Test + 3 Days: => Came on 2<sup>nd</sup> or 3<sup>rd</sup> day.

DMSA Everyday or Every other day: => Disappeared.

Continuous DMSA: => No major incident

Continuous DMSA + Breaks: => Occasionally but not sever.

LowDMSA+HighALA (Arsenic Poisoning may continued): => Occasionally but not sever.

**B. Joint and Muscle Pain:**

Avoiding Poison Food: => Small Improvement.

Supportive Medication for Chelating: => Some Improvement.

One DMSA every morning: => Major Improvement.

Only Supportive Medicine: => Major Improvement.

Weekly Cycle: => Though during first week experienced major improvement, after second or third week started to experience pain between shoulder blades and in the right hip region. During 4<sup>th</sup> week it may become sever and I need 'Sleep Aid' (A tranquilizer tablets sold over the counter in Canada) and Aspirin to go to bed.

One or Two DM SA afternoon: => The pain may slightly improved but still there.

Supportive Medicine: => Some improvement in the pain.

Challenged Urine Test + 3 Days: => I still had mild pain, the challenged urine test did not increased or decreased the pain.

DM SA Everyday or Every other day: => Pain in hip join and also in knee joint started to increase, but the pain between shoulder blades was not prominent and come very occasionally.

Continuous DMSA: => Continued to have pain in hip and knee joints and whenever trying to claim stairs have to limp.

Continuous DM SA + Breaks: => Increase when taking Insulin for diabetic problem, not after that.

LowDMSA+HighALA (Arsenic Poisoning may continued): => Occasionally comes, DMSA will improve.

**C. Characteristic Back Pain:**

Avoiding Poison Food: => Small Improvement.

Supportive Medication for Chelating: => Some Improvement.

One DMSA every morning: => Only feel occasionally with mild intensity.

Only Supportive Medicine: => Major improvement.

Weekly Cycle: => During first week experienced major improvement but after second week it comes occasionally but not sever as before.

**D. Decreased Muscle Tone and Slow Moving:**

Avoiding Poison Food: => Not Much change.

Supportive Medication for Chelating: => Some improvement.

One DMSA every morning: => Some Improvement, but still moving around slowly.

Only Supportive Medicine: => Major Improvement.

Weekly Cycle: => Major Change. After weekly cycles I did not experienced any symptoms associated with decreased muscle tone. But I still moving around slowly and avoid any risk taking in my daily activities.

**6. Gingivitis.**

Avoiding Poison Food: => Small Improvement.

Supportive Medication for Chelating: => Some Improvement.

One DMSA every morning: => Bleeding and Infection may disappeared.

Only Supportive Medicine: => No Infection or Bleeding.

Weekly Cycle: => No Infection or Bleeding.

One or Two DM SA afternoon: => Experienced some Infection and Bleeding.

Supportive Medicine: => Infection and bleeding subside.

Challenged Urine Test + 3 Days: => No Infection or Bleeding.

DM SA Everyday or Every other day: => Again some Infection and Bleeding.

Continuous DMSA: => Infection and bleeding started to subside.

Continuous DM SA + Breaks: => Major Improvement.

LowDMSA+HighALA (Arsenic Poisoning may continued): => No more bleeding. Did a complete gum examination and cleaning.

## 7. Symptoms Affecting my Eye.

### A. Dim vision especially after exercise:

Avoiding Poison Food: => Same as it is.

Supportive Medication for Chelating: => Same as it is.

One DM SA every morning: => Some Improvement.

Only Supportive Medicine: => Some Improvement.

Weekly Cycle: => Improved.

One or Two DM SA afternoon: => Improved.

Supportive Medicine: => May reappeared.

Challenged Urine Test + 3 Days: => May had dim vision.

DM SA Everyday or Every other day: => Some Improvement.

Continuous DM SA: => Improved.

Continuous DM SA + Breaks: => Improved.

LowDM SA+HighALA (Arsenic Poisoning may continued): => Some major improvement.

### B. Imaginary geometric figures:

Avoiding Poison Food: => Occasionally.

Supportive Medication for Chelating: => Occasionally.

One DM SA every morning: => Occasionally.

Only Supportive Medicine: => Occasionally.

Weekly Cycle: => Some Improvement.

One or Two DM SA afternoon: => Some Improvement.

Supportive Medicine: => Occasionally.

Challenged Urine Test + 3 Days: => Occasionally.

DM SA Everyday or Every other day: => Some Improvement.

Continuous DM SA: => No Longer have it.

Continuous DM SA + Breaks: => Occasionally.

LowDM SA+HighALA (Arsenic Poisoning may continued): => Occasionally.

### C. Burning sensation of my eyes:

Avoiding Poison Food: => Still have it.

Supportive Medication for Chelating: => Still have it.

One DM SA every morning: => Major Improvement.

Only Supportive Medicine: => Disappeared.

Weekly Cycle: => For first three weeks I did not experienced burning sensation in the eyes but on forth week I may experienced burning sensation in the eyes and discharge from the eyes.

One or Two DM SA afternoon: => Burning sensation and eye discharge.

Supportive Medicine: => Burning sensation and eye discharge.

Challenged Urine Test + 3 Days: => Burning sensation and eye discharge.

DM SA Everyday or Every other day: => Some Improvement.

Continuous DM SA: => Improved.

Continuous DM SA + Breaks: => Major Improvement.

LowDM SA+HighALA (Arsenic Poisoning may continued): => Rarely feels.

## 8. Gastrointestinal Effects (Gastritis and Constipation):

Avoiding Poison Food: => Still Experience Gastritis and Constipation.

Supportive Medication for Chelating: => Still Experience Gastritis and Constipation.

One DM SA every morning: => Major Improvement.

Only Supportive Medicine: => Major Improvement.

Weekly Cycle: => When taking DM SA some constipation but after that disappeared.

One or Two DM SA afternoon: => Some pain in left hypochondrium and epigastric region.

Supportive Medicine: => No additional pain.

Challenged Urine Test + 3 Days: => Some pain related to stomach.

DMSA Everyday or Every other day: => Some pain related to stomach and constipation.

Continuous DMSA: => Major Improvement.

Continuous DMSA + Breaks: => Occasional, will improve after DMSA.

LowDMSA+HighALA (Arsenic Poisoning may continued): => When taking ALA only some severe constipation. Improved after stated to add occasional low dose DMSA.

## **9. Neurological Problems.**

### **A. Impairment of speech:**

I may continued to experience difficulty in speaking fast or pronouncing difficult words.

LowDMSA+HighALA (Arsenic Poisoning may continued): => Stated to see some improvement.

### **B. Hearing:**

I continued to experience difficulty in understanding rapidly told instructions until 6 months or more, now some improvement.

LowDMSA+HighALA (Arsenic Poisoning may continued): => Stated to see some improvement.

### **C. Information does not come through:**

I continued to experience difficulty in answering questions as the asked details failed to come immediately.

LowDMSA+HighALA (Arsenic Poisoning may continued): => Stated to see some improvement.

### **D. Poor Muscle Coordination:**

Though there is some improvement, I continued to experience poor muscle coordination.

LowDMSA+HighALA (Arsenic Poisoning may continued): => Stated to see some improvement.

## **10. General Tiredness and Sleep Pattern.**

I am continued to experience general tiredness and disturbed sleep.

LowDMSA+HighALA (Arsenic Poisoning may continued): => Some Improvement.

## **11. Psychological disturbances.**

I am continued to experience short term memory loss, but some improvement may seen on irritability and depression.

## **12. Cardiovascular problems.**

My BP went up after stated to take Insulin for my diabetic problem and I took 2 Nifedipine. But after I stopped Insulin my BP went back to normal.

## **13. Respiratory problems.**

I am continued to experience coughing occasionally. The coughing episodes may start with a hiccup and a violent form of coughing may last few minutes.

LowDMSA+HighALA (Arsenic Poisoning may continued): => Stated to see some improvement.

## **14. Immunological Effects (Frozen Shoulder):**

Avoiding Poison Food: => Same as it is.

Supportive Medication for Chelating: => Same as it is.

One DMSA every morning: => I experienced major improvement in my frozen shoulder problem during first round of chelating program. After that some time I may experience some pain around shoulder joint. But these pains may in the muscle, not in the join. I stopped Ibuprofen which I was taking regularly for my frozen shoulder problem.

## Gana Kiritharan's Battle with Toxic Metal Poisoning During 2010 - 2012.

TIME FRAME	POISONING SITUATION DETAILS	CHELATING THERAPY FOLLOWED	DIABETIC MEDICATION FOLLOWED	CHANGE IN FASTING GLUCOSE
May 19 2010 - Aug 17 2010	I started to avoid suspected poisoned food. There may be couple of attempts. On 5 <sup>th</sup> of August 2010, I received the First confirming medical report (Hair Mineral Analysis). On August 17 <sup>th</sup> 2010 I tried to make a Police Complaint to Toronto Police Services (TPS) but they failed to accept my complaint.	Started supportive medication on 22 <sup>nd</sup> June 2010 and started DMSA from 6 <sup>th</sup> July 2010. I added NAC to the program one week after. DMSA dose just 2 - 8 mg/Kg body weight per day. (Recommended 30 mg/Kg)	For few weeks <b>Metformin 3000mg</b> <b>Rosiglitazone 8 mg</b> <b>Glyburide 90 mg</b> Then <b>Metformin 2000mg</b> <b>Glyburide 60 mg</b>	From 14.7 mmol/L came down to 7.4 mmol/L on
Aug 18 2010 - Sep 26 2010	As I was abandoned by TPS there may be several sever attempt to Poison me through various means.	Continuous supportive medication. Continued DMSA and NAC till 13 <sup>th</sup> Sep 2010.	Maintained <b>Metformin 2000mg</b> <b>Glyburide 60 mg</b>	Went up and Reached 17.4 mmol/L
Sep 27 2010 - Nov 25 2010	As I went into formal medical care number of attempts to poison me may reduced but there may be one or more attempts.	Challenged urine test was conducted on 27 Sep (DMPS, CaEDTA). I restarted DMSA after 3 days .	Maintained <b>Metformin 2000mg</b> <b>Glyburide 60 mg</b>	Reached a Value below 10mmol/L but soon went up.
Nov 26 2010 - Jan 24 2011	Number of Attempt to Poison me may have reduced, but few attempts may be there.	Increased DMSA dose to 15 mg/Kg. Started to add NAC in higher doses.	<b>Metformin 2000mg</b> <b>Insulin 16 Units/Day</b>	Stabilized between 10 - 12 mmol/L
Jan 25 2011 - Mar 14 2011	I started to experience unusual postal delays. DMSA supply also interrupted for two weeks. Attempts to Poison me may have increased.	Skipped one week DMSA. High dose of NAC. I started to add ALA to the chelating program.	<b>Metformin 2000mg</b> <b>Insulin 20 - 26 Units/Day</b>	Went up and stay between 10 - 14 mmol/L
Mar 15 2011 - April 30 2011	There may be One or More sever attempt.. I took more precaution (sealed ventilation duct of my room)	I took DMSA and ALA.. Increased the dose of Buffered Vit C and NAC.	<b>Metformin 2000mg</b> <b>Diet, Exercise, Herbal</b>	Stay between 10. - 16 mmol/L
May 1 2011 - Sep 30 2011	The poisoning attempts may have reduced or even stopped.	I maintained DMSA. High dose of NAC and Vit C. Conducted 3 different Challenged Urine tests.	<b>Metformin 2000 mg</b> <b>Diet, Exercise.</b>	Stayed around 7 mmol/L
Oct 1 2011 - May 12 2012	There may be continued attempt to poison with Arsenic.	Low DMSA, High ALA with NAC and Vit C	<b>Started to Reduce Metformin, Relaxed Diet, More Exercise</b>	Fluctuate Between 9.5 - 5.5 mmol/L

**Table: Gana Kiritharan's Battle with Toxic Metal Poisoning during 2010 - 2012 Period.**

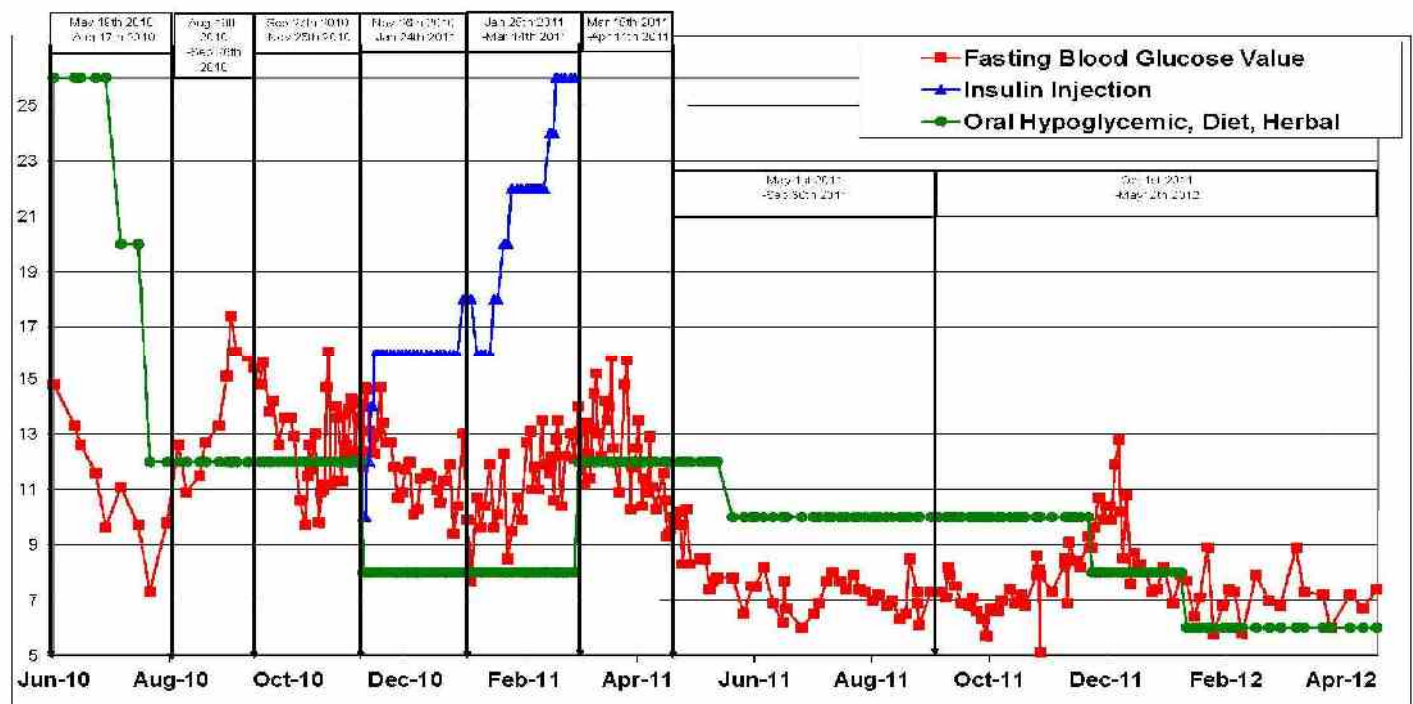


Figure: Gana Kiritharan's Battle with Toxic Metal Poisoning during 2010 - 2012.

DATE	FASTING GLUCOSE	Hemoglobin A1C	TRIGLYCERIDE	CHOLESTEROL	HDL CHOLESTEROL	HEMOGLOBIN
19-Jun-2002	6.2		7.08	6.09	0.99	149
11-Sep-2002	6.5		11.4	7.69	1.26	
14-Oct-2002			2.74	5.35	1.55	
7-Oct-2003			2.24	6.9		
22-Oct-2004	8.16		6.63	4.87	1.04	159
4-Jan-2005	18.1	0.102				
2-Mar-2005	7.4	0.087	2.25	5.07	1.19	149
8-Mar-2006	6.67		6.81	2.56	2	
30-Mar-2006	5.11		5.2	1.93	1.4	
23-Sep-2006	11.5	0.089	3.73	4.38	0.96	152
28-Dec-2006	8.2	0.079	4.79	4.56	1.13	
17-Apr-2007	7.9	0.077	2.27	3.84	1.22	
7-Mar-2008	9.2	0.097	3.14	5.84	0.98	133
28-Mar-2009	11.9	0.11	3.16	5.3	1.19	135
12-Dec-2009	11.8	0.108	4.18	6.39	1.08	133
26-May-2010	14.7	0.117	3.25	4.92	1.17	144
6-Dec-2010	14.6	0.112	4.63	5.79	1.3	153
8-Feb-2011	11.8	0.107	5.48	5.42	1.27	150
9-May-2011	12	0.105	2.81	4.77	1.2	
7-Sep-2011	8.8	0.074				
17-Dec-2011	12.4	0.084	3.74	6.46	1.36	145
17-Mar-2012	8.4	0.083	3.5	5.3	1.31	143

DATE	AST	ALT	Alk Phos	CK	CREATININE	eGFR	MICROALBUMIN (RUR)	CREATININE (RUR)	MicroAlb / Crea
19-Jun-2002					77				
11-Sep-2002									
14-Oct-2002									
7-Oct-2003									
22-Oct-2004	30	42		487					
4-Jan-2005					78		85.2		
2-Mar-2005	28	34		330	95		19.2		
8-Mar-2006									
30-Mar-2006									
23-Sep-2006						99			
28-Dec-2006	28	31			70	116	39.6		
17-Apr-2007	24	25			92	83	31.9	12.1	2.6
7-Mar-2008					81	97	46.3	21.7	2.1
28-Mar-2009		27					15.6	14.2	1.1
12-Dec-2009		30					22	15.6	1.4
26-May-2010		37	40	222	72	103	80.3	38.4	2.1
6-Dec-2010		36			55	>120	250.7	15.3	15.3
8-Feb-2011	25	29		274	64	>90	10	>2	Unab to Cal
9-May-2011									
7-Sep-2011	25	32	27		75	98			
17-Dec-2011		26							
17-Mar-2012		20		215	80	91	48.6	17.4	2.8