

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 9th 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 11th 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.

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 1st 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 22nd 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 13th 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 13th 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 22nd 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 25th 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 Normal MultiVitamin Mineral Tablet and Dr. Fred Hui special preparation (Ultra Balance III)

Old Supplement Compared to Dr. Fred Hui Supplement.

		Dr. Fred Hui		
		Normal	(1Tab)	(6Tab)
Vitamins:				
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	67	400
iv.	Vitamin C (Ascorbic Acid)	90	200	1200
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
Minerals:				
xiv.	Calcium (As Phosphate and Carbonate)	16	83	500
xv.	Phosphorus (Calcium Phosphate Dibasic)	125		
xvi.	Iodine (Potassium Iodine)	15	33	200
xvii.	Iron (Ferrous Fumarate)	10		
xviii.	Magnesium (Magnesium Oxide)	50	83	500
xix.	Copper (Cupric Oxide)	2		
xx.	Manganese (Manganese Sulfate)	5	3	20
xxi.	Potassium (Potassium Chloride)	40	17	99
xxii.	Chromium (Chromium Chloride)	25	33	200
xxiii.	Molybdenum (Sodium Molybdate)	25		
xxiv.	Selenium (Sodium Selenite)	25	33	200
xxv.	Zinc (Zinc Oxide)	15	4	25
xxvi.	Nickel (Nickel Sulfate)	5		
xxvii.	Tin (stannous chloride)	0.01		
xxviii.	Vanadium (Sodium Metavanadate)	10		
xxix.	Silicon (Sodium Metasilicate)	0.01		
Other Ingredients:				
xxx.	Lutein	250		

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 DMSA.

Purple Papules rashes on left side of the chest:

Avoiding Poison Food: => No Change.

Supportive Medication for Chelating: => No Change.

One DMSA every morning: => No Change.

Only Supportive Medicine: => No Change.

Weekly Cycle: => For first two week became prominent when DMSA 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 DMSA 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 DMSA every morning: => During 2nd week new one may appeared.

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

Weekly Cycle: => No new ones.

One or Two DMSA afternoon: => Few new ones.

Supportive Medicine: => Few new ones.

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

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

Continuous DMSA: => Few new ones.

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

2. Musde twitching.

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

Supportive Medication for Chelating: => May slightly reduced.

One DMSA 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 DMSA but may appear during catch up period.

One or Two DMSA 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 2nd or 3rd 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 4th 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 DMSA 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.

DMSA 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 DMSA + 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 DMSA afternoon: => Experienced some Infection and Bleeding.

Supportive Medicine: => Infection and bleeding subside.

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

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

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

Continuous DMSA + 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 DMSA every morning: => Some Improvement.

Only Supportive Medicine: => Some Improvement.

Weekly Cycle: => Improved.

One or Two DMSA afternoon: => Improved.

Supportive Medicine: => May reappeared.

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

DMSA Everyday or Every other day: => Some Improvement.

Continuous DMSA: => Improved.

Continuous DMSA + Breaks: => Improved.

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

B. Imaginary geometric figures:

Avoiding Poison Food: => Occasionally.

Supportive Medication for Chelating: => Occasionally.

One DMSA every morning: => Occasionally.

Only Supportive Medicine: => Occasionally.

Weekly Cycle: => Some Improvement.

One or Two DMSA afternoon: => Some Improvement.

Supportive Medicine: => Occasionally.

Challenged Urine Test + 3 Days: => Occasionally.

DMSA Everyday or Every other day: => Some Improvement.

Continuous DMSA: => No Longer have it.

Continuous DMSA + Breaks: => Occasionally.

LowDMSA+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 DMSA 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 DMSA afternoon: => Burning sensation and eye discharge.

Supportive Medicine: => Burning sensation and eye discharge.

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

DMSA Everyday or Every other day: => Some Improvement.

Continuous DMSA: => Improved.

Continuous DMSA + Breaks: => Major Improvement.

LowDMSA+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 DMSA every morning: => Major Improvement.

Only Supportive Medicine: => Major Improvement.

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

One or Two DMSA afternoon: => Some pain in left hypochondrium and epigatric 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 Nifidipine. 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 th of August 2010, I received the First confirming medical report (Hair Mineral Analysis). On August 17 th 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 nd June 2010 and started DMSA from 6 th 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 Metformin 3000mg Rosiglitazone 8 mg Glyburide 90 mg Then Metformin 2000mg Glyburide 60 mg	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 th Sep 2010.	Maintained Metformin 2000mg Glyburide 60 mg	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 Metformin 2000mg Glyburide 60 mg	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.	Metformin 2000mg Insulin 16 Units/Day	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.	Metformin 2000mg Insulin 20 - 26 Units/Day	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.	Metformin 2000mg Diet, Exercise, Herbal	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.	Metformin 2000 mg Diet, Exercise.	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	Started to Reduce Metformin, Relaxed Diet, More Exercise	Fluctuate Between 9.5 - 5.5 mmol/L

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

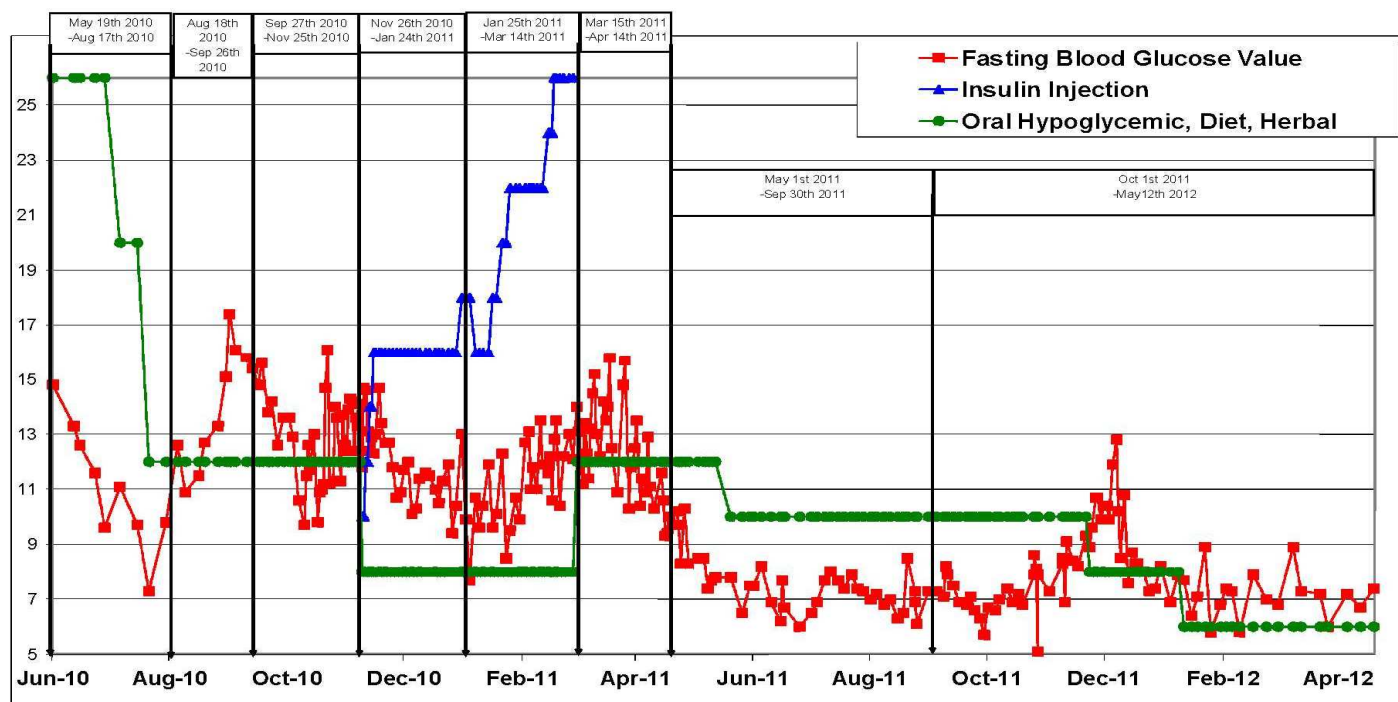


Figure: Gana Kiritharan's Battle with Toxic Metal Poisoning during 2010 - 2012.

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