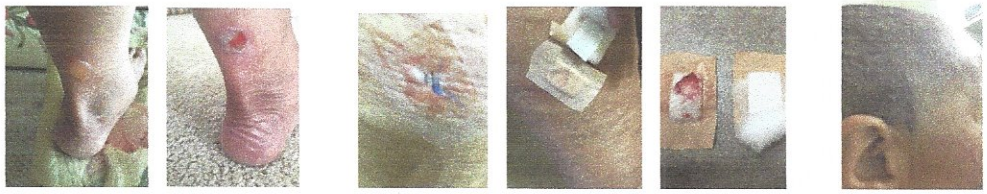
# *A "VASCULITIS" SYNOPSIS and RESEARCH STUDY* v.4



The following Synopsis is an analogy to provide further awareness with which to consider how inflammation got into my entire bloodstream, mid and large arteries. I believe Exhibits (A) (B) (C) will provide a detailed explanation of how I developed ***VASCULITIS*** when inflammation began to develop in my body to fight the contaminants from UNKNOWN germs that I contacted after an unauthorized "wound culture" **was** performed on an active Blister.

Exhibit (A) After ½ of the skin form an active "blister" was aggressively cut off of my heel, the lesion was left uncovered collecting germs for an undetermined amount of time before it was bandaged. Consequently, through the body's normal process to heal, it began to create ***INFLAMMATION*** to fight the UNKNOWN germs. Unfortunately, and during the months that followed, unbeknown to me the microorganisms were germinating in my body and my CRP/ESR levels began to elevate in excess of 118/CRP and 89/ESR respectively, and I began to suffer tiredness; loss of weight; blurred vision; loss of memory retention; hearing loss; balance, neuropathy, and swelling in my lower extremities and feet, etc. which all began after my Dermatology encounter on d.08.06.2015. The symptoms were temporary, but while they were active all of my blood and lab results continued to come back negative and my CRP/ESR levels unknown to me continued to elevate.

My PCP diligently continued to search for answers trying to identify the cause of my unexplained health dilemma, and as a last resort she ordered a Pet-scan. On June 7, 2016, the results revealed I had an enormous amount of ***INFLAMMATION*** in my bloodstream, mid and large arteries. The inflammation viewed in my veins and arteries was the equivalent in size to a computer cable vs. a thin wire, which is the normal characteristic of ***INFLAMMATION*** on X-ray images; although I did not experience any throbbing or headaches I was ultimately diagnosed with both Vasculitis and GCA.

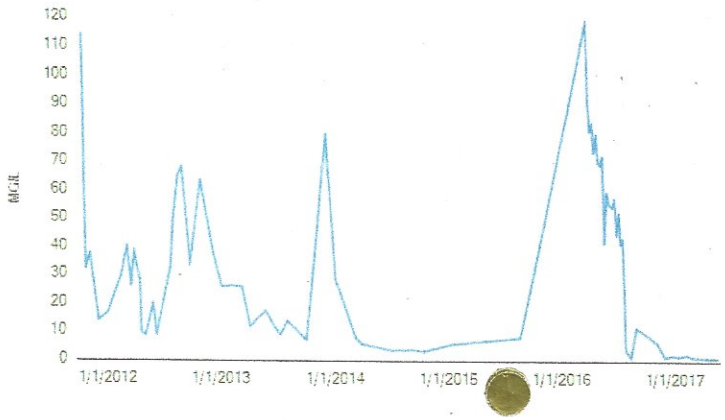
Exhibit (B) Based on DIF Guidelines from Washington University School of Medicine, Dermatopathology Center, as well as the University of California Medical Center, Dermatopathology Center DIF Guidelines clearly state NEVER to biopsy or perform a ***"wound culture"*** on an active blister. As an aside, I do not smoke, drink alcohol or caffeine. I exercised regularly; ate organic fresh food, and drank distilled water; I did not take drugs, medication or vitamins, and used Acupuncture regularly as the foundation for what was at 72 years old my excellent health. Therefore, it is my hope by sharing my "Case History" with the "Vasculitis Research" communities at-large and medical school Dermatopathology Centers, to prevent or early detection. This strain of Vasculitis is caused by germs entering the bloodstream through an open wound. Therefore, when patients present with similar unrelated symptoms, a rule of thumb to begin the process is to check the CRP/ESR levels as a base for treatment in the early stages of their Vasculitis before it reaches critical mass.

Exhibit (C) Three weeks after my Vasculitis diagnosis I agreed to have a ***"Temporal Biopsy"*** at the NIH, and although the ***INFLAMMATION*** was visible in all of my mid and large arteries, I did not have any headaches or other known symptoms associated with GCA, and although the results of my ***"Temporal Biopsy"*** was negative, because the ***INFLAMMATION*** was viewed in the arteries in my head, I was also diagnosed with ***"Giant Cell Arthritis"*** [GCA]. I credit Acupuncture for my strong resilient properties that accelerated my Recovery, and several hours after surgery the incision in my head had completely knitted together, and the healing time was days vs. weeks. I credit Acupuncture for having controlled the symptoms and eliminated the pain associated with the attached diagnosis without my taking any drugs or medication until the Vasculitis diagnosis in 2016, when I was ultimately forced to take Prednisone and other drugs.

KAISER PERMANENTE

**Member name:**
**Date of birth:**
**Gender:** Female
**Primary care physician:** SUMA DOPPALAPUDI MD, M.D.
**Date printed:** 6/5/2017

## C-REACTIVE PROTEIN - Past Results

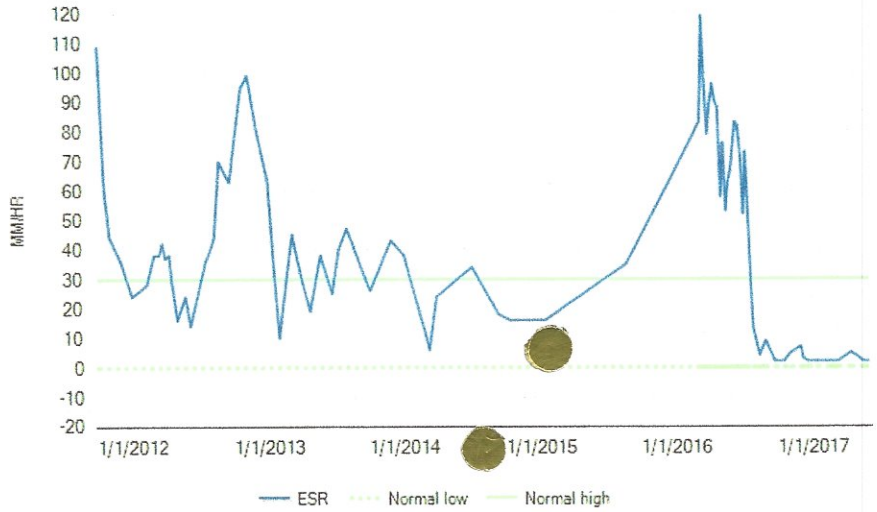



| Name | |
|---|---|
| *Standard range* | **C-REACTIVE PROTEIN** *<=4.9 mg/L* |
| **9/30/11** | 113.78 |
| **10/17/11** | 31.91 |
| **10/31/11** | 37.57 |
| **11/30/11** | 13.55 |
| **12/30/11** | 16.38 |
| **2/8/12** | 29.11 |
| **2/27/12** | 40.04 |
| **3/12/12** | 25.62 |
| **3/21/12** | 38.56 |
| **3/30/12** | 32.73 |
| **4/9/12** | 27.99 |
| **4/16/12** | 9.62 |
| **4/30/12** | 8.28 |
| **5/22/12** | 19.66 |
| **6/4/12** | 8.60 |
| **7/16/12** | 32.51 |
| **7/23/12** | 48.64 |
| **8/7/12** | 64.64 |
| **8/20/12** | 68.28 |
| **9/17/12** | 32.99 |
| **10/19/12** | 63.45 |
| **11/5/12** | 53.00 |
| **11/30/12** | 37.56 |
| **12/28/12** | 25.42 |
| **1/28/13** | 25.93 |
| **3/4/13** | 25.39 |
| **4/1/13** | 11.44 |
| **4/22/13** | 14.08 |
| **5/20/13** | 16.98 |
| **6/20/13** | 11.08 |
| **7/8/13** | 8.67 |
| **7/29/13** | 13.43 |
| **9/30/13** | 6.85 |
| **11/25/13** | 79.57 |
| **12/30/13** | 28.31 |
| **3/7/14** | 7.65 |
| **3/27/14** | 5.64 |
| **7/1/14** | 3.56 |
| **9/9/14** | 3.74 |
| **10/10/14** | 3.18 |
| **1/12/15** | 5.62 |
| **8/19/15** | 7.78 |
| **3/10/16** | 118.5 |
| **3/17/16** | 91.5 |
| **3/24/16** | 80.3 |
| **3/31/16** | 83.4 |
| **4/7/16** | 73.0 |
| **4/14/16** | 79.3 |
| **4/21/16** | 69.8 |
| **4/28/16** | 68.6 |
| **5/5/16** | 71.6 |
| **5/12/16** | 41.0 |
| **5/19/16** | 59.0 |
| **5/26/16** | 55.1 |
| **6/7/16** | 53.7 |
| **6/14/16** | 56.9 |
| **6/21/16** | 43.9 |
| **6/28/16** | 51.7 |
| **7/4/16** | 40.8 |
| **7/10/16** | 42.7 |
| **7/24/16** | 3.8 |
| **8/10/16** | 1.2 |
| **8/26/16** | 10.6 |
| **8/26/16** | 11.2 |
| **10/14/16** | <1.0 |
| **11/2/16** | 6.1 |
| **11/28/16** | 1.2 |
| **12/5/16** | <1.0 |
| **12/19/16** | 1.9 |
| **1/10/17** | 1.6 |
| **2/7/17** | 2.1 |
| **2/22/17** | 1.3 |
| **3/8/17** | <1.0 |
| **4/12/17** | 1.0 |
| **5/15/17** | 1.0 |
| **5/30/17** | <1.0 |
| **6/1/17** | <1.0 |

KAISER PERMANENTE

**Member name:**
**Date of birth:**
**Gender:** Female
**Primary care physician:** SUMA DOPPALAPUDI MD, M.D.
**Date printed:** 6/5/2017

# ERYTHROCYTE SEDIMENTATION RATE (ESR) - Past Results




| Name | ESR | | | | |
|---|---|---|---|---|---|
| *Standard range* | *0 - 30 mm/hr* | | | | |
| **9/30/11** | 109 | **9/30/13** | 26 | **10/14/16** | 2 |
| **10/17/11** | 60 | **11/25/13** | 43 | **11/2/16** | 5 |
| **10/31/11** | 44 | **12/30/13** | 38 | **11/28/16** | 7 |
| **11/30/11** | 36 | **3/7/14** | 6 | **12/5/16** | 3 |
| **12/30/11** | 24 | **3/27/14** | 24 | **12/19/16** | 2 |
| **2/8/12** | 28 | **7/1/14** | 34 | **1/10/17** | 2 |
| **2/27/12** | 38 | **9/9/14** | 18 | **2/7/17** | 2 |
| **3/12/12** | 38 | **10/10/14** | 16 | **2/22/17** | 2 |
| **3/21/12** | 42 | **1/12/15** | 16 | **3/8/17** | 2 |
| **3/30/12** | 37 | **8/19/15** | 35 | **4/12/17** | 5 |
| **4/9/12** | 38 | **3/3/16** | 83 | **5/15/17** | 2 |
| **4/16/12** | 29 | **3/10/16** | 119 | **5/30/17** | 2 |
| **4/30/12** | 16 | **3/17/16** | 95 | | |
| **5/22/12** | 24 | **3/24/16** | 79 | | |
| **6/4/12** | 14 | **3/31/16** | 89 | | |
| **7/16/12** | 36 | **4/7/16** | 96 | | |
| **7/23/12** | 38 | **4/14/16** | 90 | | |
| **8/7/12** | 44 | **4/21/16** | 88 | | |
| **8/20/12** | 70 | **4/28/16** | 58 | | |
| **9/17/12** | 63 | **5/5/16** | 76 | | |
| **10/19/12** | 95 | **5/12/16** | 53 | | |
| **11/5/12** | 99 | **5/19/16** | 63 | | |
| **11/30/12** | 80 | **5/26/16** | 67 | | |
| **12/28/12** | 64 | **6/7/16** | 83 | | |
| **1/28/13** | 10 | **6/14/16** | 82 | | |
| **3/4/13** | 45 | **6/21/16** | 72 | | |
| **4/1/13** | 29 | **6/28/16** | 52 | | |
| **4/22/13** | 19 | **7/4/16** | 73 | | |
| **5/20/13** | 38 | **7/24/16** | 13 | | |
| **6/20/13** | 25 | **8/10/16** | 4 | | |
| **7/8/13** | 40 | **8/26/16** | 9 | | |
| **7/29/13** | 47 | **9/20/16** | 2 | | |

**EXHIBIT (D)**

**Acupuncture vs. Drugs and Medication**
**to control symptoms and eliminate pain**

May I take this opportunity to thank Kaiser Foundation and Kaiser Permanente Health Plan of the Mid-Atlantic States, •Inc. for its commitment to health. Consequently, at 72 years of age, considering the diagnosis below, I am in the best health that I have ever known, and my body is pain FREE. My Primary Care Physician, Dr. Suma Doppalapudi worked with me to assemble what I consider is my KP.org Medical Dream Team, and together we designed a Personal Development Program of Recovery which is responsible for the quality of life that I am living with today. The attached THRIVE photos were all taken during May, 2015. They are a visual of being in remission from the conditions listed below. I used Integrative / Alternative Medicine as the baseline to access Acupuncture as my primary instrument for recovery and Physical Therapy; Massage Therapy; a Personal Trainer; and Music were key elements; and vitamins and supplements replaced pain killers and other prescription drugs and medications normally associated with the degree of chronic deterioration that I was experiencing in my health. Notwithstanding, in spite of having two completely severed rotator cuff muscles without retraction, I have regained 80% range of motion without surgery or medication; and I am without any pain whatsoever.

| Health condition | Date noted |
|---|---|
| HYPERTENSION (HIGH BLOOD PRESSURE) | 07/19/2010 |
| LOW BACK PAIN | 09/20/2010 |
| NECK PAIN | 09/20/2010 |
| PATIENT DECLINES VACCINATION | 09/23/2010 |
| DRUG INDUCED MYOPATHY | 12/04/2012 |
| OSTEOARTHRITIS OF BILATERAL HIPS | 10/01/2013 |
| RIGHT ROTATOR CUFF SYNDROME | 10/01/2013 |
| ATHEROSCLEROSIS OF AORTA | 11/12/2014 |
| OSTEOARTHRITIS OF BILATERAL SHOULDERS | 08/28/2015 |
| GAIT ABNORMALITY | 09/21/2015 |
| HISTORY OF POLYMYALGIA RHEUMATICA | 07/15/2016 |
| GIANT CELL ARTERITIS | 07/15/2016 |
| VASCULITIS | 07/26/2016 |
| KIDNEY MASS | 07/27/2016 |
| HERPES ZOSTER (SHINGLES) | 09/28/2016 |
| OSTEOARTHRITIS OF MULTIPLE JOINTS | 10/21/2016 |
| HYPERLIPIDEMIA (HIGH BLOOD FATS) | 04/26/2017 |

# DIF Guidelines Washington University School of Medicine . Dermatopathology Center

Please use the following guidelines when performing a biopsy for direct immunofluorescence.

**Blistering disorders**

*Pemphigus and pemphigoid groups (including linear IgA bullous dermatosis and epidermolysis bullosa acquisita):*

- Biopsy the edge of a blister or perilesional erythematous skin
- Do not biopsy the center of a blister, denuded skin or an ulcer
- Label as "perilesional"

*Dermatitis herpetiformis:*

- Biopsy perilesional skin (normal-appearing), at least 0.5 cm away from a blister
- Do not biopsy active blisters
- Label as "perilesional"

*Porphyria and pseudoporphyria*:

- Biopsy involved skin (preferably, the edge of a new blister)
- Do not biopsy denuded skin or old lesions
- Label as "lesional"

**Collagen vascular diseases**

*Lupus erythematosus (discoid and systemic) and dermatomyositis:*

- Biopsy the erythematous or active border of a lesion
- Do not biopsy old lesions (>3 months), ulcers or facial lesions, if possible
- Label as "lesional"

For the *lupus band test*, in addition to a lesional biopsy, please perform a second biopsy on nonexposed, nonlesional skin, preferably on the buttocks or thigh. Label as "nonexposed, nonlesional."

**Vasculitis**

- Biopsy the active border of a new lesion, ideally one that is less than 48 hours old
- Do not biopsy ulcers or old lesions; if possible, avoid the distal lower extremities
- Label as "lesional"

EXHIBIT . 2nd Opinion
No.2 Wound Culture . Biopsy . DIF GUIDELINES

UCSF
Dermatopathology Service

# Biopsy Site Guidelines for Direct Immunofluorescence:

## BLISTERING DISORDERS:

**Bullous pemphigoid, Epidermolysis Bullosa Acquisita and Pemphigus**

- BIOPSY: the edge of an active blister or erythematous skin
- AVOID: having the epidermis come off, ulcers and the distal extremities

**Dermatitis herpetiformis:**

- BIOPSY: normal appearing skin 3 mm from a blister
- *Multiple biopsies may be required*
- AVOID: active lesions
- SPECIFY: "involved" or "uninvolved"

**Porphyria and pseudoporphyria:**

- BIOPSY: the edge of an active blister
- AVOID: ulcers, erosions and old lesions

## CONNECTIVE TISSUE DISEASES:

**Lupus erythematosus (LE) and Dermatomyositis (DM):**

For DLE, SCLE and DM:

- BIOPSY: erythematous border of an established (>3 months) lesion
- AVOID: old lesions
- SPECIFY: "involved" or "lesional"

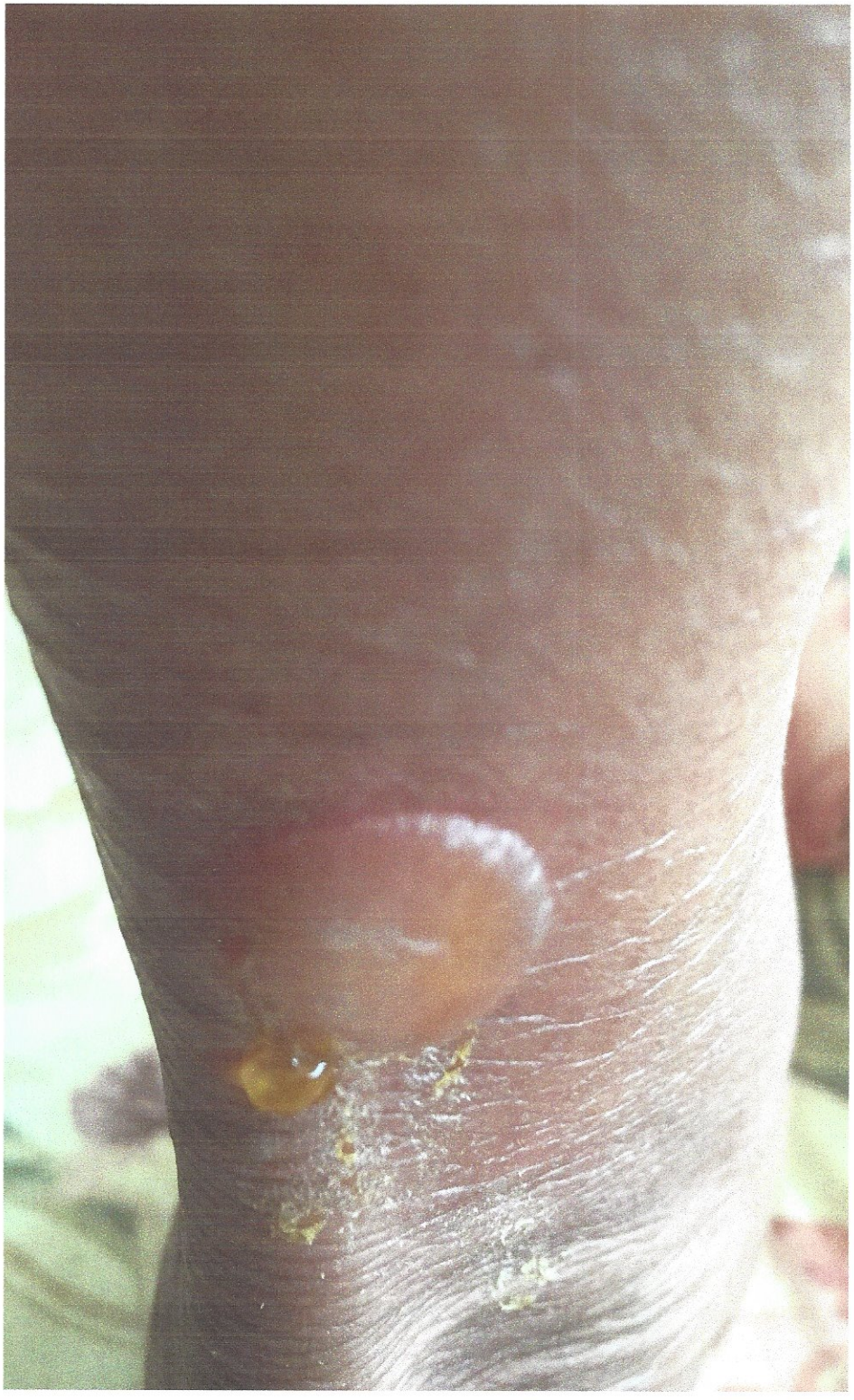
For SLE and the Lupus Band Test (LBT):
DO TWO BIOPSIES FOR DIF:

1. BIOPSY: erythematous or active border of an established lesion ("involved")
2. BIOPSY: sun-protected, nonlesional, buttock or inner thigh
   - AVOID: old lesions, ulcerated skin, and facial lesions
   - SPECIFY: "uninvolved" or "nonlesional"

## VASCULITIS (e.g. Henoch-Schonlein purpura):

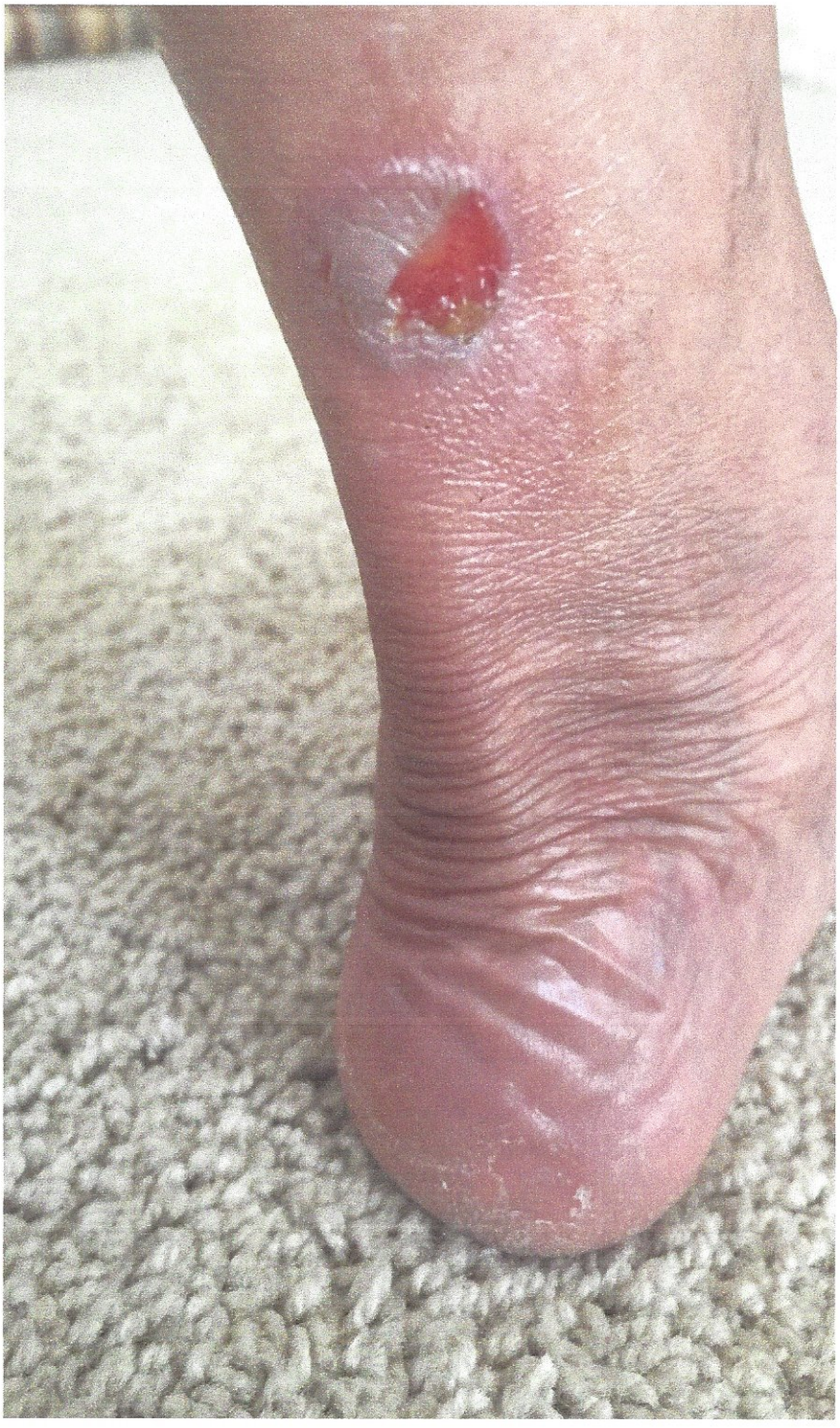
- BIOPSY: fresh pink and/or active border of new lesion
  - *ideal lesion should be less than 48 hours old*
  - *uninvolved skin may yield diagnostic information but is less sensitive*
- AVOID: ulcers, old lesions, and when possible distal lower extremities
- SPECIFY: "involved" or "uninvolved"

EXHABIT (A)
No.1



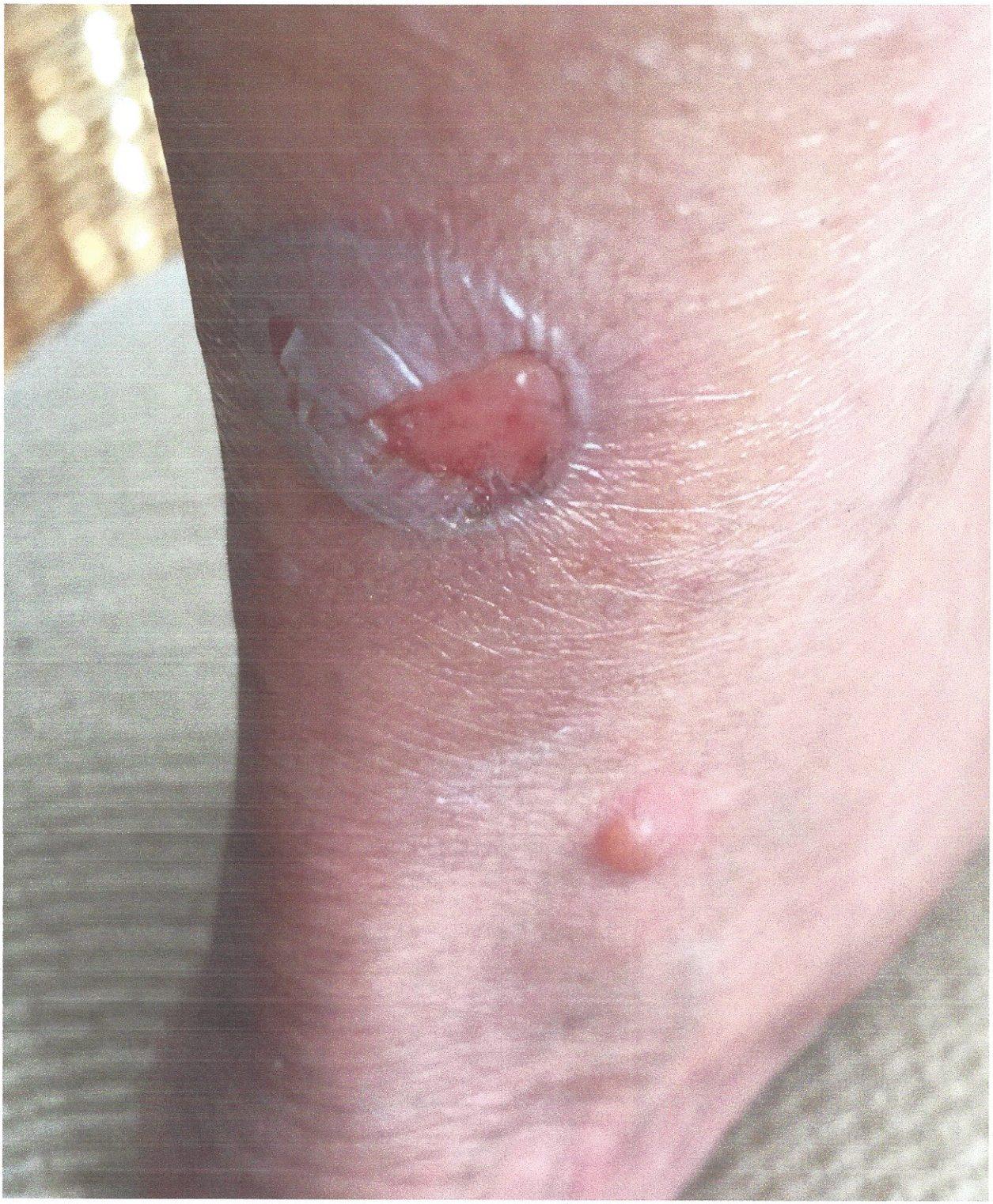
See. www.awomanscorner.net Line No. 44
VASCULITIS Research Synopsis . What is possible, is about to change

EXHIBIT (A)
No.2



See. www.awomanscorner.net Line No. 44
VASCULITIS Research Synopsis . What is possible, is about to change

EXHIBIT (A)
No.3



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VASCULITIS Research Synopsis . What is possible, is about to change