BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint Against: **CAROLYN ANNE MATZINGER, M.D., Respondent.**	**Case No. 24-25231-1**

FILED
APR 12 2024
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Donald K. White, Senior Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Carolyn Anne Matzinger, M.D. (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 10187). Respondent was originally licensed by the Board on June 1, 2002.

A. Respondent's Treatment of Patient A

2. Patient A[2] was a forty-five (45) year old female at the time of the events at issue with a severe form of breast cancer, severe anemia, diabetes mellitus, Idiopathic Thrombocytopenic Purpura (ITP), cardiomyopathy, hypertension, "adrenal fatigue", and gut dysfunction.

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[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Rachakonda D. Prabhu, M.D., Ms. April Mastroluca, and Victor M. Muro, M.D.

[2] Patient A's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

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3. Patient A was seen by Respondent from September 30, 2015 through May 5, 2016. Patient A chose to decline all treatments for her aggressive breast cancer, including surgery, chemotherapy, and radiation.

4. Patient A underwent multiple therapies while under Respondent's care, including multiple intravenous (IV) lipid infusions with the Patricia Kane protocol ("PK protocol"), craniosacral therapy, biomed lipid colon cleanse (enemas), infrared saunas, and vitamin C infusions.

5. Throughout Patient A's entire treatment, there is minimal documentation of examination findings regarding her increasing breast mass or other complaints.

6. Respondent failed to document Patient A's present medications or doses. Medications are documented on the NeuroLipid research foundation questionnaire that Patient A filled out, but not listed in Respondent's notes.

7. On October 8, 2015, Patient A was seen by a surgeon for a surgical opinion and a PET scan regarding her breast mass. The surgeon recommended she not receive a PET scan since Patient A had previously declined further interventions for her breast tumor. However, despite the surgeon's recommendation, a PET scan was completed the very next day, on or about October 9, 2015.

8. No documentation exists explaining why the PET scan was performed (against the direction of the surgeon) or justification for the reasoning behind ignoring the surgeon's opinion.

9. Further, a report dated December 24, 2015, indicated that Patient A had a bacterial infection known as Acinetobacter Baumannii related to her necrotic breast tumor. Respondent failed to treat this infection.

10. Between March 7, 2016 and May 6, 2016, Respondent saw Patient A several times without examination or documentation of her breast tumor or any measurements of it or its progression.

11. On May 9, 2016, Respondent recorded a brief note in Patient A's medical records stating, "there is increased erosion of tumor through skin." Before this note, there was no documentation made by Respondent about Patient A's tumor. However, in January and February

of 2016, staff recorded two (2) times that Patient A's tumor had increased in size, therefore Respondent failed to recognize the severity of the threat of the tumor to Patient A's declining health.

12. Patient A was routinely treated, throughout her course of treatment, with IV lipid infusions through a PICC line. Neither the substance nor the treatment is FDA approved.

13. Throughout the time Respondent treated Patient A, she misdiagnosed her several times. Respondent documented a diagnosis of ITP, an autoimmune disease that causes low blood platelet counts when Patient A actually had elevated platelet counts based on all the lab reports in her records. Respondent also diagnosed Patient A with "adrenal fatigue," which is not a recognized diagnosis and is, in fact, a misdiagnosis, because Patient A's fatigue was due to an onset of extreme anemia from acute and chronic blood loss from her open wound related to her diagnosis of breast cancer.

14. From October 2015 through April 2016 Respondent administered to Patient A at least fifty (50) colonic treatments. Colonic treatments have not been shown to be effective in the treatment of disease.

15. Patient A was charged two hundred fifty dollars ($250) for each of the colonic treatments received and five hundred fifty dollars ($550) for each of the multiple IV lipid infusions, for a total cost to Patient A of over twelve thousand five hundred dollars ($12,500).

16. On April 22, 2016, a long, stringy substance was obtained from Patient A's GI tract after a colonic treatment. When a patient passes something abnormal from their colon, standard practice is to collect a stool sample which should be sent to a pathological laboratory to identify exactly what the substance is. Respondent did not follow this standard practice as it pertained to treatment of Patient A.

17. Respondent failed to obtain informed consent from Patient A, which should include information about therapies used, the possible risks, costs, and expected benefits of alternative treatment compared to standard treatment, as well as the risks of declining treatment. Respondent further did not inform Patient A that the substances were obtained from outside the United States.

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COUNT I

NRS 630.301(4) - Malpractice

18. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

19. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

20. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

21. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when she 1) failed to perform a physical examination of Patient A at any time during the patient's treatments; 2) did not attempt to coordinate care with multiple medical providers including sharing diagnostic test results; 3) did not provide treatment outcomes at the completion of the IV therapy protocol prescribed by her; 4) failed to obtain an accurate informed consent regarding the alternative therapies she was providing; 5) misdiagnosed Patient A with "adrenal fatigue" and ITP; 6) failed to document and follow-up on the increasing size of Patient A's breast tumor; and 7) provided treatments and substances that are not FDA approved.

22. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

23. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

24. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

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25. Respondent failed to maintain accurate and complete medical records relating to the diagnosis, treatment and care of Patient A, by failing to correctly document her actions when she treated Patient A, when she 1) failed to obtain or document informed consent regarding the alternative therapies provided to Patient A; 2) was missing a physical examination including height and weight measurements in Patient A's medical records; 3) did not document a current medication list or dosage; and 4) did not document important discussions with Patient A's previous and current providers. Additionally, there was no justification in Patient A's medical records for the use or implementation of non-FDA approved therapies and devices, nor was there documentation or justification supporting why Respondent ordered a PET scan against the advice of a surgeon who treated Patient A.

26. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.306(1)(b)(2) – Violation of Standards of Practice Established by Regulation

27. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

28. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

29. NAC 630.210, a standard of practice adopted by the Board, requires a physician to "seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services."

30. Patient A was severely ill with a diagnosis of, including but not limited to, breast cancer, anemia, diabetes mellitus, ITP, cardiomyopathy, and hypertension.

31. Respondent failed to timely seek consultation of Patient A's current and past medical providers to address the difficulty of the diagnoses of Patient A's medical conditions and to coordinate care. Timely consultations could have confirmed or denied each diagnosis, prior treatments, symptoms and the disposition and outcomes of the treatments resulting in a benefit to the patient and may have enhanced the quality of medical care provided to Patient A with regard to

treatments having been performed, including diagnostic and laboratory testing previously undertaken.

32. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT IV

NRS 630.306(1)(f) - Lack of Informed Consent

33. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

34. Performing any procedure or prescribing any therapy which by the current standards of the practice of medicine is experimental requires informed consent from the patient or the patient's family. These consents regularly include the goals, benefits, risks and alternative therapies for the treatment being offered.

35. Respondent's records did not contain informed consent from Patient A or her family for supplements, IV lipid infusions and colonic treatments given to Patient A for "immune support and gut therapy," which are considered experimental treatments.

36. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT V

NRS 630.306(1)(g) – Continual Failure to Exercise the Skill, Diligence or Methods Ordinarily Exercised Under the Same Circumstances

37. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

38. NRS 630.306(1)(g) provides that continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field constitute grounds for initiating disciplinary action.

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39. During the treatment of Patient A, Respondent's notes indicate the patient experienced severe iron deficiency anemia, diabetes mellitus, ITP, cardiomyopathy, and breast cancer with tumor that continued growing throughout treatment.

40. The anemia experienced by Patient A could have many etiologies, all of which are important to test, evaluate and potentially treat, but was most likely a result of chronic blood loss from her open breast cancer wound.

41. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT VI

NRS 630.301(7) – Violation of Patient Trust and Exploitation of Physician and Patient Relationship for Financial or Personal Gain

42. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

43. NRS 630.301(7) provides that "engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and the patient for financial or other personal gain" is grounds for initiating discipline against a licensee.

44. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated the trust of Patient A for financial or other personal gain when she exploited the physician-patient relationship by treating Patient A with colonic treatments and IV lipid infusions, at a significant cost to Patient A, without informed consent from her and without performing periodic physical examinations to determine if the therapies provided were benefiting Patient A.

45. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT VII

NRS 630.306 (1)(q) – Knowingly or Willfully Procuring or Administering Certain Controlled Substances or Dangerous Drugs

46. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

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47. NRS 630.306(1)(q) provides that knowingly or willfully procuring or administering a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

> (1) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;
> (2) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 639.2328;
> (3) Is cannabis being used for medical purposes in accordance with chapter 678C of NRS; or
> (4) Is an investigational drug or biological product prescribed to a patient pursuant to NRS 630.3735 or 633.6945.

48. Throughout Patient A's treatment, Respondent performed IV lipid infusions through a PICC line, with a substance that can only be obtained out of the country (in this case Switzerland), for which the substance and treatment are not FDA approved and does not meet the definitions of any of the exceptions for administration to Patient A.

49. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

B. Respondent's Treatment of Patient B

50. Patient B[3] was a seventy-five (75) year old female at the time of events of issue, who had stage IV chronic renal disease with resultant anemia due to renal failure.

51. Patient B reported extreme fatigue and was diagnosed by Respondent with a "hormone imbalance" and "adrenal fatigue." As well as elevated parathyroid hormone levels, a thyroid nodule, and low TSH levels. Patient B also had hyperparathyroidism, however Respondent failed to diagnose this.

52. Respondent treated Patient B with multiple controlled substances for hormone replacement, including pregnenolone, BiEst cream, progesterone SR, and testosterone cream.

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[3] Patient B's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

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53. Respondent's records for Patient B are sparse, incomplete, and improper demonstrating missing physical examinations, lack of information to determine if Patient B was taking a thyroid supplement and no way to determine if Respondent identified the hyperparathyroidism during her treatment of Patient B.

54. Respondent failed to obtain informed consent from Patient B, which should have included information about therapies used, the possible risks, costs, and expected benefits of alternative treatment compared to standard treatment, as well as the risks of declining treatment. Respondent further did not inform Patient A that the substances were obtained from outside the United States.

55. Respondent additionally failed to obtain consultations with an endocrinologist or nephrologist for Patient B's hyperparathyroidism and stage IV chronic renal disease, respectively.

COUNT VIII

NRS 630.301(4) - Malpractice

56. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

57. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

58. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

59. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when she: 1) did not attempt to obtain or review the medical records from any of Patient B's previous or current providers, nor provide those physicians with her results from diagnostic testing; 2) when she did not perform a physical examination of Patient B throughout her treatments; 3) when did she obtain informed consent for the alternative treatments, therapies, medications, and supplements that were administered to Patient B; and 4) when she also failed to document if her alternative treatments benefited Patient B.

60. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT IX

NRS 630.3062(1)(a) – Failure to Maintain Proper Medical Records

61. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

62. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

63. Respondent failed to maintain accurate and complete medical records relating to the diagnosis, treatment and care of Patient B, by 1) failing to correctly document her actions when she treated Patient B, including a proper medical analysis, physical examination notes, and correspondence to and from Patient B's prior or current medical providers; 2) failing to obtain informed consent for the alternative treatments, therapies, medications and supplements; and 3) not documenting Patient B's current medications, including the presence of a thyroid medication or supplement. It is further unclear if Respondent ever identified Patient B's hyperparathyroidism, as a diagnosis of such was never documented.

64. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT X

NRS 630.306(1)(b)(2) - Violation of Standards of Practice Established by Regulation

65. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

66. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

67. NAC 630.210, a standard of practice adopted by the Board, requires a physician to "seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services."

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68. Stage IV chronic renal disease and hyperparathyroidism are serious conditions that were negatively affecting Patient B and required specialized treatment. Respondent is specialized in internal medicine, but not endocrinology or nephrology. Respondent treated Patient B for these medical issues without consulting or referring Patient B to a physician with a specialty that could provide treatment for these disorders. Therefore, Respondent violated NAC 630.210 by not consulting another provider of healthcare in these doubtful and/or difficult cases which could have enhanced the quality of medical service provided to Patient B.

69. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XI

NRS 630.306(1)(f) - Lack of Informed Consent

70. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

71. Performing any procedure or prescribing any therapy which by the current standards of the practice of medicine is experimental requires informed consent from the patient or the patient's family. These consents regularly include the goals, benefits, risks and alternative therapies for the treatment being offered.

72. Respondent treated Patient B for stage IV chronic renal disease and hyperparathyroidism with multiple hormone replacement medications, including pregnenolone, BiEst cream, progesterone SR, and testosterone cream, stating she had "hormone imbalance" and "adrenal fatigue." An informed consent would be required under these circumstances listing the risks, benefits and alternative therapies and treatments that are conventionally used. There was not an informed consent contained within the medical record for Patient B.

73. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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COUNT XII

NRS 630.306(1)(e) - Practice Beyond Scope of License

74. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

75. NRS 630.306(1)(e) provides that practicing or offering to practice beyond the scope permitted by law or performing services which the licensee knows or has reason to know that he or she is not competent to perform, or which are beyond the scope of his or her training constitutes grounds for initiating disciplinary action.

76. Treatment of a patient such as Patient B that has serious medical issues by a doctor such as Respondent, whose specialty is internal medicine, without consultation or guidance by doctors specialized in treatment of a patient with Patient B's specific clinical presentation, is operating outside the scope of her license. Respondent knew, or had reason to know, she was outside the scope of her training when prescribing hormone replacement medications, including pregnenolone, BiEst cream, progesterone SR, and testosterone cream for stage IV chronic renal disease and hyperparathyroidism. Respondent should have referred Patient B to a proper endocrinology and/or phrenology physician for treatment of these illnesses.

77. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

C. Respondent's Treatment of Patient C

78. Patient C[4] was a fifteen (15) year old male at the time of the events at issue that was previously diagnosed with developmental delay and moderate speech of about two hundred (200) words, obsessive-compulsive disorder (OCD), pervasive developmental disorder (PDD), autism spectrum, anxiety disorder, and attention-deficit/hyperactivity disorder (ADHD).

79. Patient C was first seen by Respondent with his parents present on August 21, 2017.

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[4] Patient C's true identity is not disclosed herein to protect his privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

80. Patient C was very ill and had been previously treated with a number of supplements, three (3) years of IV Essentiale-N infusions, as well as over eighty (80) hyperbaric oxygen submersions in the State of Oregon prior to being evaluated by Respondent.

81. Respondent treated Patient C with PK protocol, IV infusions, and enemas, presumably for autism, developmental delay, and anxiety. These treatments were provided at a significant cost to Patient C and are not standard treatment for these medical diagnoses.

82. Respondent failed to obtain informed consent from Patient C, or his family, which should have included information about therapies used, the possible risks, costs, and expected benefits of alternative treatment compared to standard treatment, as well as the risks of declining treatment. Respondent further did not inform Patient C that the substances were obtained outside the United States.

83. Respondent did not perform a physical examination of Patient C at the initial evaluation and no physical examinations were done at any subsequent visits thereafter.

84. Vital signs taken by Respondent of Patient C did not include his height or weight. Vital signs obtained during IV infusions confirmed elevated blood pressure readings of: 134/89 on August 24, 2017, and 154/99 on August 28, 2017.

85. Respondent did not evaluate Patient C's recorded hypertension, did not attempt to treat it, and did not coordinate with other treating providers to help alleviate and treat it.

86. Respondent treated Patient C with IV lipid infusions through a PICC line as part of the "IV PK Protocol Infusion." Neither the substance nor the treatment is FDA approved.

87. Previous records indicated a very elevated vitamin D level of 296.0 ng/mL, which is a toxic level of vitamin D in Patient C's system. Respondent did not recognize the elevated vitamin D, did not address the abnormality, nor did she send Patient C to a specialist to be treated and detoxified from this high level of vitamin D.

88. Respondent further failed to refer Patient C to a physician(s) more specialized in treating the serious medical conditions of Patient C.

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COUNT XIII

NRS 630.301(4) - Malpractice

89. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

90. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

91. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

92. As demonstrated by, but not limited to, the above-outlined facts, Respondent did not attempt to obtain or review the medical records from any of Patient C's previous or current providers. Additionally, Respondent did not perform a physical examination of Patient C at the initial visit or throughout treatments, nor did she obtain informed consent for the alternative treatments, including IV lipid transfusions and enemas, therapies, medications, and supplements. Respondent also failed to document if her alternative treatments benefited Patient C. Respondent provided treatments and substances that are not FDA approved. All of these deficiencies in Respondent's medical treatment of Patient C were not utilizing reasonable care, skill or knowledge ordinarily used under similar circumstances.

93. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XIV

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

94. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

95. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

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96. Respondent failed to maintain accurate and complete medical records relating to the diagnosis, treatment and care of Patient C, by 1) failing to correctly document her actions when she treated Patient C; 2) failing to document informed consent for the alternative treatments, therapies, medications and supplements; 3) failing to recognize and document Patient C's hypertension; 4) failing to document a physical examination throughout the entirety of Patient C's treatment; and 5) by failing to document Patient C's toxic level of vitamin D.

97. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XV

NRS 630.306(1)(b)(2) - Violation of Standards of Practice Established by Regulation

98. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

99. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

100. NAC 630.210, a standard of practice adopted by the Board, requires a physician to "seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services."

101. Patient C had serious medical issues that required specialized medical attention, including but not limited to, developmental delay and moderate speech of about two hundred (200) words, OCD, PDD, autism spectrum, anxiety disorder, and ADHD.

102. Respondent failed to timely seek consultation of Patient C's current and past medical providers to address the difficulty of the diagnoses of Patient C's medical conditions and to coordinate care. Timely consultations could have confirmed or denied each diagnosis, prior treatments, symptoms and the disposition and outcomes of the treatments resulting in a benefit to the patient and may have enhanced the quality of medical care provided to Patient C with regard to treatments having been performed, including diagnostic and laboratory testing previously undertaken.

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103. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XVI

NRS 630.306(1)(f) - Lack of Informed Consent

104. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

105. Performing any procedure or prescribing any therapy which by the current standards of the practice of medicine is experimental requires informed consent from the patient or the patient's family. These consents regularly include the goals, benefits, risks and alternative therapies for the treatment being offered.

106. Respondent's records did not contain informed consent from Patient C or his family for supplements, PK protocol IV infusions and enemas given to Patient C presumably for autism, developmental delay, and anxiety which are not standard practice making these treatments experimental.

107. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XVII

NRS 630.306(1)(g) – Continual Failure to Exercise the Skill, Diligence or Methods Ordinarily Exercised Under the Same Circumstances

108. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

109. NRS 630.306(1)(g) provides that continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field constitute grounds for initiating disciplinary action.

110. Patient C had serious medical issues that required specialized medical attention, including but not limited to, developmental delay and moderate speech of about two hundred (200) words, OCD, PDD, autism spectrum, anxiety disorder, and ADHD.

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111. Respondent continually failed to recognize and document Patient C's hypertension, failed to document physical examinations throughout the entirety of Patient C's treatment, and failed to document Patient C's toxic level of vitamin D.

112. Respondent treated Patient C with PK protocol IV infusions and enemas, presumably for autism, developmental delay and anxiety, at a significant cost to Patient C.

113. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XVIII

NRS 630.301(7) – Violation of Patient Trust and Exploitation of Physician and Patient Relationship for Financial or Personal Gain

114. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

115. NRS 630.301(7) provides that "engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and the patient for financial or other personal gain" is grounds for initiating discipline against a licensee.

116. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated the trust of Patient C for financial or other personal gain when she exploited the physician-patient relationship by treating Patient C with PK protocol IV infusions and enemas, at a significant cost to Patient C, without informed consent from him and without performing physical examinations to determine if the therapies provided were benefiting Patient C.

117. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XIX

NRS 630.306 (1)(q) – Knowingly or Willfully Procuring or Administering Certain Controlled Substances or Dangerous Drugs

118. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

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119. NRS 630.306(1)(q) provides that knowingly or willfully procuring or administering a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

> (1) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;
> (2) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 639.2328;
> (3) Is cannabis being used for medical purposes in accordance with chapter 678C of NRS; or
> (4) Is an investigational drug or biological product prescribed to a patient pursuant to NRS 630.3735 or 633.6945.

120. Throughout Patient C's treatment, Respondent performed IV lipid infusions through a PICC line, with a substance that can only be obtained out of the country (in this case Switzerland), for which the substance and treatment are not FDA approved and does not meet the definitions of any of the exceptions for administration to Patient C.

121. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XX

NRS 630.306(1)(e) - Practice Beyond Scope of License

122. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

123. NRS 630.306(1)(e) provides that practicing or offering to practice beyond the scope permitted by law or performing services which the licensee knows or has reason to know that he or she is not competent to perform, or which are beyond the scope of his or her training constitutes grounds for initiating disciplinary action.

124. Treatment of a patient such as Patient C that has serious medical issues by a doctor such as Respondent, whose specialty is internal medicine, without consultation or guidance by doctors specialized in treatment of a patient with Patient C's specific clinical presentation, is operating outside the scope of her license. Respondent knew or had reason to know she was

outside the scope of her training when she treated Patient C with PK protocol IV infusions and enemas, presumably for autism, developmental delay and anxiety. Respondent failed to refer Patient C to a physician(s) more specialized in treating the serious medical conditions of Patient C.

125. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

D. Respondent's Treatment of Patient D

126. Patient D[5] was a twenty (20) year old female at the time of events at issue.

127. Patient D was treated by Respondent for chronic Lyme disease, babesia, bartonella, fibromyalgia, chronic fatigue, chronic anemia, nerve root pain, vitamin deficiencies, low ferritin, and current antibiotic use.

128. Patient D was first seen by Respondent on June 29, 2017.

129. Respondent treated Patient D with PK protocol IV infusions, presumably for chronic Lyme disease, babesia, bartonella, fibromyalgia, chronic fatigue, chronic anemia, nerve root pain, vitamin deficiencies, low ferritin, and current antibiotic use. These treatments were provided at a significant cost to Patient D and are not the standard treatment for these medical diagnoses.

130. Respondent failed to obtain informed consent, which should include information about therapies used, the possible risks, costs, and expected benefits of alternative treatment compared to standard treatment, as well as the risks of declining treatment.

131. Patient D was routinely provided throughout her course of treatment with IV lipid infusions through a PICC line as part of the "IV PK Protocol Infusion." Neither the substance nor the treatment was FDA approved, and Respondent did not inform Patient D that the substances were obtained from outside the United States.

132. Patient D documented on the NeuroLipid Research Questionnaire that she had anemia, a cough, shortness of breath, chest pain and chronic nausea, but Respondent failed to evaluate or treat any these medical conditions.

[5] Patient D's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

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133. Respondent failed to refer Patient D to a physician(s) more specialized in treating the serious medical conditions of Patient D.

134. Respondent failed to document why Patient D was taking any of her medications, including Norco and Hydroxyzine.

COUNT XXI

NRS 630.301(4) - Malpractice

135. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

136. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

137. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

138. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to obtain informed consent for the particular treatments and supplements she used for Patient D's medical care, failed to evaluate Patient D's complaints, failed to document her treatment of Patient D, failed to recognize and analyze important data, failed to coordinate care with specialized medical providers, and made inaccurate diagnoses. All of these deficiencies in Respondent's medical treatment of Patient D did not demonstrate reasonable care, skill or knowledge ordinarily used under similar circumstances.

139. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXII

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

140. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

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141. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

142. Respondent failed to maintain accurate and complete medical records relating to the diagnosis, treatment and care of Patient D, by failing to correctly document her actions when she treated Patient D by failing to document informed consent for the alternative treatments, therapies, medications and supplements provided to Patient D; and failing to recognize and document Patient D's reported medical conditions throughout the entirety of Patient D's treatment.

143. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXIII

NRS 630.306(1)(b)(2) - Violation of Standards of Practice Established by Regulation

144. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

145. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

146. NAC 630.210, a standard of practice adopted by the Board, requires a physician to "seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services."

147. Patient D had serious medical issues that required specialized medical attention, including but not limited to, chronic Lyme disease, chronic fatigue, nerve root pain, low ferritin, anemia, a cough, shortness of breath, chest pain and chronic nausea.

148. Respondent failed to timely seek consultation of Patient D's current and past medical providers to address the difficulty of the diagnoses of Patient D's medical conditions and to coordinate care. Timely consultations would have likely confirmed or denied each diagnosis, prior treatments, symptoms and the disposition and outcomes of the treatments resulting in a benefit to the patient. Additionally, these consultations may have enhanced the quality of medical care provided to Patient D with regard to the treatments having been performed, including

diagnostic and laboratory testing previously undertaken and an abnormal sleep study performed by another provider that indicated sleep apnea.

149. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXIV

NRS 630.306(1)(f) - Lack of Informed Consent

150. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

151. Performing any procedure or prescribing any therapy which by the current standards of the practice of medicine is experimental requires informed consent from the patient or the patient's family. These consents regularly include the goals, benefits, risks and alternative therapies for the treatment being offered.

152. Respondent's records did not contain informed consent from Patient D or the patient's family for supplements and non-FDA approved PK protocol IV infusions given to Patient D.

153. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXV

NRS 630.306(1)(g) – Continual Failure to Exercise the Skill, Diligence or Methods Ordinarily Exercised Under the Same Circumstances

154. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

155. NRS 630.306(1)(g) provides that continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field constitute grounds for initiating disciplinary action.

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156. Patient D had serious medical issues that required specialized medical attention, including but not limited to, chronic Lyme disease, chronic fatigue, nerve root pain, low ferritin, anemia, a cough, shortness of breath, chest pain and chronic nausea.

157. Respondent continually failed to recognize and document Patient D's medical conditions that Patient D reported, failed to document a physical exam throughout the entirety of Patient D's treatment and failed to recognize and document Patient D's probable sleep apnea.

158. Respondent treated Patient D with the non-FDA approved PK protocol IV infusions and supplements, at a significant cost to the patient.

159. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXVI

NRS 630.301(7) – Violation of Patient Trust and Exploitation of Physician and Patient Relationship for Financial or Personal Gain

160. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

161. NRS 630.301(7) provides that "engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and the patient for financial or other personal gain" is grounds for initiating discipline against a licensee.

162. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated the trust of Patient D for financial or other personal gain when she exploited the physician-patient relationship by treating Patient D with IV lipid infusions, at a significant cost to Patient D, without performing physical examinations to determine if the therapies were benefiting the patient.

163. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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COUNT XXVII

NRS 630.306 (1)(q) – Knowingly or Willfully Procuring or Administering Certain Controlled Substances or Dangerous Drugs

164. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

165. NRS 630.306(1)(q) provides that knowingly or willfully procuring or administering a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

> (1) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;
> (2) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 639.2328;
> (3) Is cannabis being used for medical purposes in accordance with chapter 678C of NRS; or
> (4) Is an investigational drug or biological product prescribed to a patient pursuant to NRS 630.3735 or 633.6945.

166. Throughout Patient D's treatment, Respondent performed non-FDA approved IV lipid infusions through a PICC line, with a substance that can only be obtained out of the country (in this case Switzerland), for which the substance and treatment are not FDA approved, and does not meet the definitions of any of the exceptions for administration to Patient D.

167. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXVIII

NRS 630.306(1)(e) - Practice Beyond Scope of License

168. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

169. NRS 630.306(1)(e) provides that practicing or offering to practice beyond the scope permitted by law or performing services which the licensee knows or has reason to know that

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he or she is not competent to perform, or which are beyond the scope of his or her training constitutes grounds for initiating disciplinary action.

170. Treatment of a patient such as Patient D, who had serious medical issues, by a doctor such as Respondent, whose specialty is internal medicine, without consultation or guidance by doctors specialized in treatment of a patient with Patient D's specific clinical presentation, is operating outside the scope of her license. Respondent knew or had reason to know she was outside the scope of her training when she treated Patient D with non-FDA approved IV lipid infusions, presumably for chronic Lyme disease, babesia, bartonella, fibromyalgia, chronic fatigue, chronic anemia, nerve root pain, vitamin deficiencies, low ferritin, and current antibiotic use. Respondent failed to refer Patient D to a physician(s) more specialized in treating the serious medical conditions of Patient D.

171. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

E. Respondent's Treatment of Patient E

172. Patient E[6] was a forty-six (46) year old female at the time of events at issue, who was wheelchair bound and was being treated by Respondent for subclinical hypothyroid, back pain, fatigue, and myalgia.

173. Patient E was first seen by Respondent on June 6, 2017.

174. Patient E complained of many medical conditions of which Respondent treated with PK protocol IV infusions and enemas, presumably for subclinical hypothyroid, back pain, fatigue, and myalgia. These treatments were provided at a significant cost to Patient E.

175. Respondent failed to obtain informed consent, which should include information about therapies used, the possible risks, costs, and expected benefits of alternative treatment compared to standard treatment, as well as the risks of declining treatment. Respondent further did not inform Patient E that the substances were obtained from outside the United States.

176. Patient E was routinely treated throughout her course of treatment with enemas and

[6] Patient E's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

IV lipid infusions through a PICC line as part of the "IV PK Protocol Infusion." Neither the substance nor the treatment was FDA approved.

177. There was no documentation of a musculoskeletal examination, despite Patient E's multiple complaints of muscular and joint pain.

178. Respondent did not note or obtain Patient E's current medications. Further, notes were recurrent and copied from one visit to the next for several visits by Respondent, and Respondent did not attempt to communicate or interact with Patient E's other physicians and providers to ensure a positive outcome for Patient E.

179. Respondent failed to refer Patient E to physician(s) more specialized in treating the serious medical conditions of Patient E.

180. Respondent further misdiagnosed Patient E with subclinical hypothyroidism, despite Patient E's lab results showing that she had normal thyroid levels.

COUNT XXIX

NRS 630.301(4) - Malpractice

181. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

182. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

183. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

184. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when she: 1) misdiagnosed Patient E with subclinical hypothyroid, despite lab results that showed Patient E has normal thyroid levels; 2) when she failed to communicate with other providers more specialized in treating Patient E's medical conditions; 4) when she failed to obtain informed consent for her nonconventional therapies and use of non-FDA approved substances; 5) when she made copied and reused medical records throughout her treatment of Patient E; and 6) when she

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failed to perform a musculoskeletal examination for Patient E when her complaints were of musculoskeletal pain.

185. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXX

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

186. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

187. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

188. Respondent failed to maintain accurate and complete medical records relating to the diagnosis, treatment and care of Patient E by failing to correctly document her actions when she treated Patient E, failing to document informed consent for the alternative treatments, therapies, medications and supplements, and failing to recognize and document Patient E's reported medical conditions throughout the entirety of Patient E's treatment.

189. Patient E's medical records were missing physical examinations, data related to the patient's progress with treatment, and a lack of discussion regarding the potential side effects, risks and benefits of any new medications prescribed by Respondent to Patient E.

190. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXXI

NRS 630.306(1)(b)(2) - Violation of Standards of Practice Established by Regulation

191. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

192. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

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193. NAC 630.210, a standard of practice adopted by the Board, requires a physician to "seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services."

194. Patient E was a wheelchair bound patient with complex medical conditions. This patient was experiencing symptoms of back pain, fatigue, and myalgia. Respondent does not have a specialty in neurology or neurosurgery. A consultation with or a referral to a neurologist or neurosurgeon, based on the records this patient provided to Respondent, would be required to enhance the quality of medical services provided to this complex patient.

195. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXXII

NRS 630.306(1)(f) - Lack of Informed Consent

196. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

197. Performing any procedure or prescribing any therapy which by the current standards of practice of medicine is experimental requires informed consent. These consents regularly include the goals, benefits, risks, and alternative therapies for the treatment being offered.

198. Respondent's records did not contain documentation of informed consent from Patient E or her family for supplements and PK protocol IV infusions given to Patient E.

199. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXXIII

NRS 630.306(1)(g) – Continual Failure to Exercise the Skill, Diligence or Methods Ordinarily Exercised Under the Same Circumstances

200. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

201. NRS 630.306(1)(g) provides that continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good

standing practicing in the same specialty or field constitute grounds for initiating disciplinary action.

202. Patient E had complex medical issues that required specialized medical attention, including but not limited to back pain, fatigue, and myalgia.

203. Respondent continually failed to recognize and document Patient E's medical conditions that Patient E reported; Respondent failed to document a physical exam throughout the entirety of Patient E's treatment; and Respondent misdiagnosed Patient E with a subclinical hypothyroid.

204. Respondent treated Patient E with enemas, PK protocol IV infusions, and supplements, at a significant cost to the patient.

205. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXXIV

NRS 630.301(7) – Violation of Patient Trust and Exploitation of Physician and Patient Relationship for Financial or Personal Gain

206. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

207. NRS 630.301(7) provides that "engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and the patient for financial or other personal gain" is grounds for initiating discipline against a licensee.

208. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated the trust of Patient E for financial or other personal gain when she exploited the physician-patient relationship by treating Patient E with enemas and IV lipid infusions, at a significant cost to Patient E, without performing physical examinations to determine if the therapies were benefiting the patient.

209. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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COUNT XXXV

NRS 630.306 (1)(q) – Knowingly or Willfully Procuring or Administering Certain Controlled Substances or Dangerous Drugs

210. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

211. NRS 630.306(1)(q) provides that knowingly or willfully procuring or administering a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

> (1) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;
> (2) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 639.2328;
> (3) Is cannabis being used for medical purposes in accordance with chapter 678C of NRS; or
> (4) Is an investigational drug or biological product prescribed to a patient pursuant to NRS 630.3735 or 633.6945.

212. Throughout Patient E's treatment, Respondent performed IV lipid infusions through a PICC line, with a substance that can only be obtained out of the country (in this case Switzerland), for which the substance and treatment are not FDA approved and, and does not meet the definitions of any of the exceptions for administration to Patient E.

213. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXXVI

NRS 630.306(1)(e) - Practice Beyond Scope of License

214. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

215. NRS 630.306(1)(e) provides that practicing or offering to practice beyond the scope permitted by law or performing services which the licensee knows or has reason to know that

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he or she is not competent to perform, or which are beyond the scope of his or her training constitutes grounds for initiating disciplinary action.

216. Treatment of a patient such as Patient E that has a complex medical history by a doctor such as Respondent, whose specialty is internal medicine, without consultation or guidance by a doctor specialized in treatment of a patient with Patient E's specific clinical presentation, is operating outside the scope of her license. Respondent knew or had reason to know she was outside the scope of her training when prescribing enemas and IV Lipid Infusions to a wheelchair bound patient experiencing back pain, fatigue, and myalgia. Respondent should have referred Patient E to a proper pediatric and/or psychiatric physician.

217. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

F. Respondent's Treatment of Patient F

218. Patient F[7] was a sixty-six (66) year old female at the time of events at issue.

219. Patient F was treated by Respondent for Valley Fever, fatigue, a history of elective bilateral mastectomies due to family history of breast cancer, subclinical hypothyroid/hypothyroid and "adrenal fatigue".

220. Patient F was first seen by Respondent on July 3, 2017.

221. Patient F complained of many medical conditions of which Respondent treated with PK protocol IV infusions and enemas, presumably for Valley Fever, fatigue, a history of elective bilateral mastectomies due to family history of breast cancer, subclinical hypothyroid/hypothyroid and adrenal fatigue.

222. Respondent failed to obtain informed consent, which should include information about therapies used, the possible risks, costs, and expected benefits of alternative treatment compared to standard treatment, as well as the risks of declining treatment. Respondent further did not inform Patient F that the substances were obtained from outside the United States.

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[7] Patient F's true identity is not disclosed herein to protect her privacy, but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

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223. Patient F was routinely provided throughout her course of treatment with enemas and IV lipid infusions through a PICC line as part of the "IV PK Protocol Infusion." Neither the substance nor the treatment was FDA approved.

224. Respondent's diagnosis of subclinical hypothyroidism was a misdiagnosis, as normal thyroid lab results were documented in Patient F's medical records.

225. There was no coordination of care with other physicians and consultants by Respondent as it relates to the medical treatment of Patient F.

226. Respondent failed to recognize the importance of a strong family history of breast cancer that should have been evaluated with genetic testing or at least been referred to a genetic counselor.

227. At her first visit with Respondent, Patient F complained of fatigue, night sweats, skin and hair problems, but there is no indication that Respondent ever addressed her complaints.

228. Additionally, Respondent failed to address several recorded results indicating hypertension.

229. The only documentation of current medications and supplements in the medical records of Patient F was what Patient F provided on the NeuroLipid Questionnaire. Furthermore, no documentation existed regarding Patient F's allergies to Sulfa and penicillin that Patient F included in the NeuroLipid and Biobody questionnaires.

230. A physical examination was not documented at the first visit, and subsequent progress notes all state, "physical exam unchanged as per previous visit." Other documentation was cloned as well.

231. Respondent further diagnosed Patient F with "adrenal fatigue" based on abnormal cortisol levels. Adrenal fatigue is not considered a valid medical diagnosis by the medical community, including endocrinologists. Cortisol levels are known to fluctuate and are not indicative of disease.

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COUNT XXXVII

NRS 630.301(4) - Malpractice

232. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

233. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

234. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

235. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when she: misdiagnosed Patient F with subclinical hypothyroid, despite Patient F's lab results showing that her thyroid levels were normal; Respondent failed to communicate with other providers about the care of Patient D; Respondent failed to obtain consent for her nonconventional therapies and used non-FDA approved substances; Respondent cloned Patient F's medical records throughout treatment; Respondent failed to address Patient F's family history of breast cancer; and Respondent failed to refer Patient F to other providers who may have enhanced the care and treatment of Patient F.

236. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXXVIII

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

237. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

238. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

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239. Respondent failed to maintain accurate and complete medical records relating to the diagnosis, treatment, and care of Patient F by: failing to correctly document her actions when she treated Patient F; failing to document informed consent for the alternative treatments, therapies, medications and supplements; and failing to recognize and document Patient F's reported medical conditions throughout the entirety of Patient F's treatment.

240. Patient F's medical records were missing physical examinations, data related to the patient's progress with treatment, and lack of discussion regarding the potential side effects, risks and benefits of new medications prescribed by Respondent.

241. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XXXIX

NRS 630.306(1)(b)(2) - Violation of Standards of Practice Established by Regulation

242. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

243. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

244. NAC 630.210, a standard of practice adopted by the Board, requires a physician to "seek consultation with another provider of health care in doubtful or difficult cases whenever it appears that consultation may enhance the quality of medical services."

245. Patient F had complex medical conditions, including Valley Fever, fatigue, a history of elective bilateral mastectomies due to family history of breast cancer, subclinical hypothyroid/hypothyroid and adrenal fatigue. A consultation with an appropriate specialized physician trained to treat Patient F's medical conditions would be required to enhance the quality of medical services provided to this complex patient.

246. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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COUNT XL

NRS 630.306(1)(f) - Lack of Informed Consent

247. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

248. Performing any procedure or prescribing any therapy which by the current standards of practice of medicine is experimental requires informed consent. These consents regularly include the goals, benefits, risks and alternative therapies for the treatment being offered.

249. Respondent's records did not contain informed consent from the patient or the patient's family for supplements and PK protocol IV infusions given to Patient F.

250. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XLI

NRS 630.306(1)(g) – Continual Failure to Exercise the Skill, Diligence or Methods Ordinarily Exercised Under the Same Circumstances

251. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

252. NRS 630.306(1)(g) provides that continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field constitute grounds for initiating disciplinary action.

253. Patient F came to Respondent with complex medical issues that required specialized medical attention, including but not limited to, Valley Fever, fatigue, a history of elective bilateral mastectomies due to family history of breast cancer, subclinical hypothyroid/hypothyroid and adrenal fatigue. Hypertension was also revealed on several visits.

254. Respondent continually failed to recognize and document Patient F's medical conditions that Patient F reported, failed to document a physical exam throughout the entirety of Patient F's treatment, misdiagnosed Patient F with subclinical hypothyroid, as all of Patient F's lab

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results showed that her thyroid levels were normal, failed to address Patient F's hypertension, and failed to address her strong family history of breast cancer.

255. Respondent treated Patient F with enemas, PK protocol IV infusions, and supplements, at a significant cost to the patient.

256. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XLII

NRS 630.301(7) – Violation of Patient Trust and Exploitation of Physician and Patient Relationship for Financial or Personal Gain

257. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

258. NRS 630.301(7) provides that, "engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and the patient for financial or other personal gain," is grounds for initiating discipline against a licensee.

259. As demonstrated by, but not limited to, the above-outlined facts, Respondent violated the trust of Patient F for financial or other personal gain when she exploited the physician-patient relationship by treating Patient F with enemas and IV lipid infusions, at a significant cost to the patient, without performing physical examinations to determine if the therapies were benefiting the patient.

260. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XLIII

NRS 630.306 (1)(q) – Knowingly or Willfully Procuring or Administering Certain Controlled Substances or Dangerous Drugs

261. All of the allegations in the above paragraphs are hereby incorporated as if fully set forth herein.

262. NRS 630.306(1)(q) provides that knowingly or willfully procuring or administering a controlled substance or a dangerous drug as defined in chapter 454 of NRS that is not approved

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by the United States Food and Drug Administration, unless the unapproved controlled substance or dangerous drug:

> (1) Was procured through a retail pharmacy licensed pursuant to chapter 639 of NRS;
> (2) Was procured through a Canadian pharmacy which is licensed pursuant to chapter 639 of NRS and which has been recommended by the State Board of Pharmacy pursuant to subsection 4 of NRS 639.2328;
> (3) Is cannabis being used for medical purposes in accordance with chapter 678C of NRS; or
> (4) Is an investigational drug or biological product prescribed to a patient pursuant to NRS 630.3735 or 633.6945.

263. Throughout Patient E's treatment, Respondent performed IV lipid infusions through a PICC line, with a substance that can only be obtained out of the country (in this case Switzerland), for which the substance and treatment are not FDA approved and does not meet the definitions of any of the exceptions for administration to Patient E.

264. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XLIV

NRS 630.306(1)(e) - Practice Beyond Scope of License

265. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

266. NRS 630.306(1)(e) provides that practicing or offering to practice beyond the scope permitted by law or performing services which the licensee knows or has reason to know that he or she is not competent to perform, or which are beyond the scope of his or her training constitutes grounds for initiating disciplinary action.

267. Treatment of a patient such as Patient F that had a complex medical history by a doctor such as Respondent, whose specialty is internal medicine, without consultation or guidance by a doctor specialized in treatment of a patient with Patient F's specific clinical presentation, is operating outside the scope of her license. Respondent knew or had reason to know she was outside the scope of her training when prescribing enemas and IV Lipid Infusions to a patient experiencing Valley Fever, fatigue, a history of elective bilateral mastectomies due to family

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history of breast cancer, subclinical hypothyroid/hypothyroid and adrenal fatigue. Respondent should have referred Patient F to proper physicians and providers trained to treat Patient F's complex medical conditions.

268. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against her and give him notice that she may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 24th day of April, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

DONALD K. WHITE
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Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF CLARK)

Chowdhury H. Ahsan, M.D., PH.D., FACC, having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 12th day of April, 2024.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
CHOWDHURY H. AHSAN, M.D., Ph.D., FACC
Chairman of the Investigative Committee

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