

Board Actions

Summary	Attachments
<p>FORMAL COMPLAINT Case No. 24-25231-1 April 12, 2024</p> <p>The Investigative Committee of the Nevada State Board of Medical Examiners filed a formal Complaint against Carolyn Anne Matzinger, M.D. alleging forty-four (44) violations of Nevada Revised Statutes (NRS) Chapter 630. Counts 1, 8, 13, 21, 29, and 37: Allege violations of NRS 630.301(4) Malpractice. Counts 2, 9, 14, 22, 30, and 38: Allege violations of NRS 630.3062(1)(a) Failure to Maintain Proper Medical Records. Counts 3, 10, 15, 23, 31, and 39: Allege violations of NRS 630.306(1)(b) (2) Violation of Standards of Practice Established by Regulation. Counts 4, 11, 16, 24, 32, and 40: Allege violations of NRS 630.306(1)(f) Lack of Informed Consent. Counts 5, 17, 25, 33, and 41: Allege violations of NRS 630.306(1)(g) Continual Failure to Exercise the Skill, Diligence or Methods Ordinarily Exercised Under the Same Circumstances. Counts 6, 18, 26, 34, and 42: Allege violations of NRS 630.301(7) Violation of Patient Trust and Exploitation of Physician and Patient Relationship for Financial or Personal Gain. Counts 7, 19, 27, 35, and 43: Allege violations of NRS 630.306(1)(q) Knowingly or Willfully Procuring or Administering Certain Controlled Substances or Dangerous Drugs. Counts 12, 20, 28, 36, and 44: Allege violations of NRS 630.306(1)(e) Practice Beyond Scope of License.</p> <p>Complaint: thirty-nine (39) pages.</p>	<p>Complaint 24-25231-1.pdf</p>

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 24-25231-1

6 **Against:**

FILED

7 **CAROLYN ANNE MATZINGER, M.D.,**

APR 12 2024

8 **Respondent.**

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**
By: 

9
10 **COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners
12 (Board), by and through Donald K. White, Senior Deputy General Counsel and attorney for the IC,
13 having a reasonable basis to believe that Carolyn Anne Matzinger, M.D. (Respondent) violated the
14 provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC)
15 Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's
16 charges and allegations as follows:

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

20 **A. Respondent's Treatment of Patient A**

21 2. Patient A² was a forty-five (45) year old female at the time of the events at issue
22 with a severe form of breast cancer, severe anemia, diabetes mellitus, Idiopathic
23 Thrombocytopenic Purpura (ITP), cardiomyopathy, hypertension, "adrenal fatigue", and gut
24 dysfunction.

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27 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.

28 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.

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

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

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

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

13 7. On October 8, 2015, Patient A was seen by a surgeon for a surgical opinion and a
14 PET scan regarding her breast mass. The surgeon recommended she not receive a PET scan since
15 Patient A had previously declined further interventions for her breast tumor. However, despite the
16 surgeon's recommendation, a PET scan was completed the very next day, on or about October 9,
17 2015.

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

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

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

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

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

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

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

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

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

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

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

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1 COUNT I

2 **NRS 630.301(4) - Malpractice**

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

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

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

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

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

21 COUNT II

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

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

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

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

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

5 **COUNT IV**

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

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

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

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

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

18 **COUNT V**

19 **NRS 630.306(1)(g) – Continual Failure to Exercise the Skill, Diligence or Methods**

20 **Ordinarily Exercised Under the Same Circumstances**

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

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

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

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

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

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

17 **B. Respondent's Treatment of Patient B**

18 50. Patient B³ was a seventy-five (75) year old female at the time of events of issue,
19 who had stage IV chronic renal disease with resultant anemia due to renal failure.

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

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

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28 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.

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

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

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

12 **COUNT VIII**

13 **NRS 630.301(4) - Malpractice**

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

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

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

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

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 C⁴ 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.

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

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

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

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

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

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

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

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

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

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COUNT XIII

NRS 630.301(4) - Malpractice

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

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

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

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

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

COUNT XIV

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

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

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

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

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

9 COUNT XV

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

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

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

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

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

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

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

3 COUNT XVI

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

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

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

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

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

17 COUNT XVII

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

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

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

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

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

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

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

8 **COUNT XVIII**

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

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

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

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

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

23 **COUNT XIX**

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

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

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

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

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

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

17 **COUNT XX**

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

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

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

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

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

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

6 **D. Respondent's Treatment of Patient D**

7 126. Patient D⁵ was a twenty (20) year old female at the time of events at issue.

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

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

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

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

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

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

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28 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.

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

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

5 **COUNT XXI**

6 **NRS 630.301(4) - Malpractice**

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

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

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

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

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

23 **COUNT XXII**

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

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

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

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

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

11 **COUNT XXIII**

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

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

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

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

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

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

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

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

5 **COUNT XXIV**

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

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

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

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

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

18 **COUNT XXV**

19 **NRS 630.306(1)(g) – Continual Failure to Exercise the Skill, Diligence or Methods**

20 **Ordinarily Exercised Under the Same Circumstances**

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

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

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

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

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

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

11 **COUNT XXVI**

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

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

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

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

23 163. By reason of the foregoing, Respondent is subject to discipline by the Board as
24 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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1 he or she is not competent to perform, or which are beyond the scope of his or her training
2 constitutes grounds for initiating disciplinary action.

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

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

14 **E. Respondent's Treatment of Patient E**

15 172. Patient E⁶ was a forty-six (46) year old female at the time of events at issue, who
16 was wheelchair bound and was being treated by Respondent for subclinical hypothyroid, back pain,
17 fatigue, and myalgia.

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

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

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

26 176. Patient E was routinely treated throughout her course of treatment with enemas and
27

28 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.

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

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

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

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

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

13 **COUNT XXIX**

14 **NRS 630.301(4) - Malpractice**

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

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

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

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

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

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

5 **COUNT XXX**

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

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

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

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

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

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

22 **COUNT XXXI**

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

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

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

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

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

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

11 **COUNT XXXII**

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

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

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

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

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

22 **COUNT XXXIII**

23 **NRS 630.306(1)(g) – Continual Failure to Exercise the Skill, Diligence or Methods**

24 **Ordinarily Exercised Under the Same Circumstances**

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

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

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

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

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

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

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

13 **COUNT XXXIV**

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

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

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

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

26 209. By reason of the foregoing, Respondent is subject to discipline by the Board as
27 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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1 he or she is not competent to perform, or which are beyond the scope of his or her training
2 constitutes grounds for initiating disciplinary action.

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

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

12 **F. Respondent's Treatment of Patient F**

13 218. Patient F⁷ was a sixty-six (66) year old female at the time of events at issue.

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

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

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

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

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28 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.

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

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

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

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

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

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

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

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

22 231. Respondent further diagnosed Patient F with “adrenal fatigue” based on abnormal
23 cortisol levels. Adrenal fatigue is not considered a valid medical diagnosis by the medical
24 community, including endocrinologists. Cortisol levels are known to fluctuate and are not
25 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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1 COUNT XL

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

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

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

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

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

12 COUNT XLI

13 **NRS 630.306(1)(g) – Continual Failure to Exercise the Skill, Diligence or Methods**

14 **Ordinarily Exercised Under the Same Circumstances**

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

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

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

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

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

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

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

7 **COUNT XLII**

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

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

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

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

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

22 **COUNT XLIII**

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

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

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

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

- 3 (1) Was procured through a retail pharmacy licensed pursuant to
4 chapter 639 of NRS;
5 (2) Was procured through a Canadian pharmacy which is licensed
6 pursuant to chapter 639 of NRS and which has been recommended
7 by the State Board of Pharmacy pursuant to subsection 4 of NRS
8 639.2328;
9 (3) Is cannabis being used for medical purposes in accordance
10 with chapter 678C of NRS; or
11 (4) Is an investigational drug or biological product prescribed to a
12 patient pursuant to NRS 630.3735 or 633.6945.

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

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

19 COUNT XLIV

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

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

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

27 267. Treatment of a patient such as Patient F that had a complex medical history by a
28 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

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

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

6 **WHEREFORE**, the Investigative Committee prays:

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

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

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

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

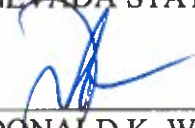
16 5. That the Board make, issue and serve on Respondent its findings of fact,
17 conclusions of law and order, in writing, that includes the sanctions imposed; and

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

20 DATED this 12th day of April, 2024.

21 INVESTIGATIVE COMMITTEE OF THE
22 NEVADA STATE BOARD OF MEDICAL EXAMINERS

23 By:

24 
25 _____
26 DONALD K. WHITE
27 Senior Deputy General Counsel
28 9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: dwhite@medboard.nv.gov
Attorney for the Investigative Committee


VERIFICATION

1
2 STATE OF NEVADA)
3 COUNTY OF CLARK)
: ss.

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

11 DATED this 12th day of April, 2024.

12 INVESTIGATIVE COMMITTEE OF THE
13 NEVADA STATE BOARD OF MEDICAL EXAMINERS

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