

1 ROB BONTA
Attorney General of California
2 TESSA L. HEUNIS
Supervising Deputy Attorney General
3 NISHA S. LAKHANI
Deputy Attorney General
4 State Bar No. 354231
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6779
6 Facsimile: (916) 731-2117
E-mail: Nisha.Lakhani@doj.ca.gov
7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. 800-2022-090962

12 **FOUAD IBRAHIM GHALY, M.D.**
13 **20911 Earl Street, Suite 260**
Torrance, CA 90503-4352

A C C U S A T I O N

14 **Physician's and Surgeon's Certificate**
15 **No. C 39588,**

16 Respondent.

17
18 **PARTIES**

19 1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as
20 the Executive Director of the Medical Board of California, Department of Consumer Affairs
21 (Board).

22 2. On or about January 26, 1981, the Medical Board issued Physician's and Surgeon's
23 Certificate Number C 39588 to Fouad Ibrahim Ghaly, M.D. (Respondent). The Physician's and
24 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
25 herein and will expire on October 31, 2026, unless renewed.

26 ///

27 ///

28 ///

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

5. Section 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:

(a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct. The board shall investigate the circumstances underlying a report received pursuant to Section 805 or 805.01 within 30 days to determine if an interim suspension order or temporary restraining order should be issued. The board shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.

/// ...

1 licensee's conduct departs from the applicable standard of care, each departure
2 constitutes a separate and distinct breach of the standard of care.

3

4 8. Section 2266 of the Code states:

5 The failure of a physician and surgeon to maintain adequate and accurate
6 records relating to the provision of services to their patients constitutes unprofessional
conduct.

7 9. The American Medical Association Code of Medical Ethics, Opinion 2.1.5, Reporting
8 Clinical Test Results, provides in pertinent part:

9 To ensure that test results are communicated appropriately to patients,
10 physicians should adopt, or advocate for, policies and procedures to ensure that:

11 The patient (or surrogate decision maker if the patient lacks decision-making
12 capacity) is informed about when he or she can reasonably expect to learn the
results of clinical tests and how those results will be conveyed.

13 10. Unprofessional conduct under Business and Professions Code section 2234 is conduct
14 which breaches the rule or ethical code of the medical profession, or conduct which is
15 unbecoming of a member of good standing of the medical profession, and which demonstrates an
16 unfitness to practice medicine. (Shea v. Board of Medical Examiners (1978) 81 Cal.App.3d 564,
17 575.)

18 COST RECOVERY

19 11. Section 125.3 of the Code states:

20 (a) Except as otherwise provided by law, in any order issued in resolution of a
21 disciplinary proceeding before any board within the department or before the
22 Osteopathic Medical Board, upon request of the entity bringing the proceeding, the
administrative law judge may direct a licensee found to have committed a violation or
23 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
investigation and enforcement of the case.

24 (b) In the case of a disciplined licensee that is a corporation or a partnership, the
order may be made against the licensed corporate entity or licensed partnership.

25 (c) A certified copy of the actual costs, or a good faith estimate of costs where
26 actual costs are not available, signed by the entity bringing the proceeding or its
designated representative shall be prima facie evidence of reasonable costs of
27 investigation and prosecution of the case. The costs shall include the amount of
investigative and enforcement costs up to the date of the hearing, including, but not
28 limited to, charges imposed by the Attorney General.

1 (d) The administrative law judge shall make a proposed finding of the amount
2 of reasonable costs of investigation and prosecution of the case when requested
3 pursuant to subdivision (a). The finding of the administrative law judge with regard to
4 costs shall not be reviewable by the board to increase the cost award. The board may
5 reduce or eliminate the cost award, or remand to the administrative law judge if the
6 proposed decision fails to make a finding on costs requested pursuant to subdivision
7 (a).

8 (e) If an order for recovery of costs is made and timely payment is not made as
9 directed in the board's decision, the board may enforce the order for repayment in any
10 appropriate court. This right of enforcement shall be in addition to any other rights
11 the board may have as to any licensee to pay costs.

12 (f) In any action for recovery of costs, proof of the board's decision shall be
13 conclusive proof of the validity of the order of payment and the terms for payment.

14 (g) (1) Except as provided in paragraph (2), the board shall not renew or
15 reinstate the license of any licensee who has failed to pay all of the costs ordered
16 under this section.

17 (2) Notwithstanding paragraph (1), the board may, in its discretion,
18 conditionally renew or reinstate for a maximum of one year the license of any
19 licensee who demonstrates financial hardship and who enters into a formal agreement
20 with the board to reimburse the board within that one-year period for the unpaid
21 costs.

22 (h) All costs recovered under this section shall be considered a reimbursement
23 for costs incurred and shall be deposited in the fund of the board recovering the costs
24 to be available upon appropriation by the Legislature.

25 (i) Nothing in this section shall preclude a board from including the recovery of
26 the costs of investigation and enforcement of a case in any stipulated settlement.

27 (j) This section does not apply to any board if a specific statutory provision in
28 that board's licensing act provides for recovery of costs in an administrative
disciplinary proceeding.

FACTUAL ALLEGATIONS

Patient 1¹

12. On or about May 8, 2022, Patient 1, a then 27-year-old male, presented to Respondent
with complaints of generalized myalgia that occurred even without exercise, fatigue, and a
depressed mood. Patient 1 had lost fifteen (15) pounds since 2019, and reported a fever with a
headache and sore throat in July 2021. Respondent ordered a myriad of laboratory scans.

¹ The patients in this Accusation are identified as Patient 1 and Patient 2 to address
privacy concerns. The patients' identities are known to Respondent or will be disclosed to
Respondent upon a duly issued request for discovery and in accordance with Government Code
section 11507.6.

1 13. On or about May 9, 2022, Patient 1's laboratory results were received detailing some
2 abnormalities. Thereafter, Respondent provided intravenous (IV) therapies to Patient 1.

3 14. On or about May 10, 2022, Patient 1 again presented to Respondent, who
4 administered IV therapies in conjunction with a dose of 10 grams (10,000 mg) of vitamin C.

5 15. The standard of care provides that a patient's quantitative glucose-6-phosphate
6 dehydrogenase (G6PD) level² must be obtained to rule out a G6PD deficiency before
7 administering high doses of vitamin C. A high dose of vitamin C, such as 10 grams of vitamin C,
8 can act as a pro-oxidant, and can potentially cause oxidative stress and hemolysis (destruction of
9 red blood cells) in G6PD-deficient individuals.

10 16. Respondent did not order a test for Patient 1's G6PD levels.

11 17. On or about May 11, 2022, Patient 1 presented to Respondent for additional IV
12 therapies. Respondent documented that he administered exosome 450 billion particles to
13 Patient 1.

14 18. On or about March 19, 2024, during a subject interview, Respondent clarified that on
15 May 11, 2022, he administered exosome 45 billion particles to Patient 1 instead of the
16 documented 450 billion particles.

17 Patient 2

18 19. On or about May 9, 2022, Patient 2 presented to Respondent for treatment with
19 complaints of fatigue. Patient 2 signed a consent for IV therapy, a HIPAA agreement, and a
20 physician-patient arbitration agreement. Patient 2 also signed a "Consent to Elective Treatment"
21 form; however, the "elective treatment" section was marked with a question mark with no
22 specific treatments listed. Thereafter, Respondent administered IV therapies to Patient 2.

23 20. On or about May 10, 2022, Patient 2 presented to Respondent for further IV
24 treatment.

25 ///

26
27
28 ² G6PD is a protein that supports red blood cell function. Low G6PD may lead to hemolytic anemia.

21. On or about May 11, 2022, Patient 2 presented to Respondent for further IV treatment. Respondent documented that he administered exosome 450 billion particles in 100 ml normal saline 0.9%. On or about March 19, 2024, during a subject interview, Respondent clarified that on May 11, 2022, he administered exosome 45 billion particles to Patient 2 instead of the documented 450 billion particles.

22. During the May 11, 2022 visit, Patient 2 also presented with complaints of vaginal discharge. Respondent collected a specimen.

23. On or about May 26, 2022, the results for Patient 2's vaginal specimen revealed the presence of candida albicans and ureaplasma species infections. Respondent failed to communicate these results to Patient 2.

24. Also during Patient 2's visit on or about May 11, 2022, Respondent administered an exosome injection to Patient 2's labial area, a therapy that is considered experimental as there is no established clinical evidence supporting its efficacy in treating vaginal infections.

25. Patient 2's chart does not contain any documentation of either the administration of the labial exosome injection or of her informed consent thereto, specific to the experimental nature of the injection.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

26. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed negligence in connection with his care and treatment of Patient 1 and Patient 2, as more particularly alleged hereinafter.

Patient 1

27. Paragraphs 12 through 18, above, are hereby incorporated by reference as if fully set forth herein.

28. Respondent committed negligence in connection with his care and treatment of Patient 1, for failing to test Patient 1's quantitative glucose-6-phosphate dehydrogenase (G6PD) levels to rule out G6PD deficiency prior to administering a high dose vitamin C infusion.

29. Respondent committed negligence in connection with his care and treatment of

1 Patient 1, for failing to accurately document the correct amount of exosomes administered.

2 Patient 2

3 30. Paragraphs 19 through 25, above, are hereby incorporated by reference as if fully set
4 forth herein.

5 31. Respondent committed negligence in connection with his care and treatment of
6 Patient 2, for failing to obtain informed consent specific to the exosome injection in her labial
7 area.

8 32. Respondent committed negligence in connection with his care and treatment of
9 Patient 2, for failing to document in the medical records the exosome injection in her labial area.

10 33. Respondent committed negligence in connection with his care and treatment of
11 Patient 2, for failing to communicate her positive laboratory test results of candida albicans and
12 ureaplasma.

13 34. Respondent committed negligence in connection with his care and treatment of
14 Patient 2, for failing to accurately document the correct dosage amount of exosomes
15 administered.

16 **SECOND CAUSE FOR DISCIPLINE**

17 (Failure to Maintain Accurate and Adequate Records)

18 35. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
19 defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records
20 in connection with his care and treatment of Patient 1 and Patient 2, as more particularly alleged
21 in paragraphs 12 through 25, above, which are hereby incorporated by reference and realleged as
22 if fully set forth herein.

23 **THIRD CAUSE FOR DISCIPLINE**

24 (Unprofessional Conduct)

25 36. Respondent is subjected to disciplinary action under sections 2227 and 2234 of the
26 Code, in that he has engaged in conduct which breaches the rules or ethical code of the practice of
27 medicine, or conduct which is unbecoming to a member in good standing of the medical
28 profession as more particularly described in paragraphs 12 through 25, above.

1 PRAYER

2 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
3 and that following the hearing, the Medical Board of California issue a decision:

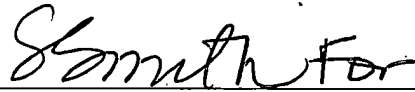
4 1. Revoking or suspending Physician's and Surgeon's Certificate Number C 39588,
5 issued to Respondent Fouad Ibrahim Ghaly, M.D.;

6 2. Revoking, suspending or denying approval of Respondent Fouad Ibrahim Ghaly,
7 M.D.'s authority to supervise physician assistants and advanced practice nurses;

8 3. Ordering Respondent Fouad Ibrahim Ghaly, M.D., to pay the Board the costs of the
9 investigation and enforcement of this case, and if placed on probation, the costs of probation
10 monitoring; and

11 4. Taking such other and further action as deemed necessary and proper.

12
13 DATED: AUG 13 2025



14 REJI VARGHESE
15 Executive Director
16 Medical Board of California
17 Department of Consumer Affairs
18 State of California
19 Complainant

20 LA2025600675
21 67788566