BEFORE THE VIRGINIA BOARD OF MEDICINE

IN RE: SAMUEL MARK SHOR, M.D.
License Number: 0101-036333
Case Number: 193813

AMENDED ORDER

JURISDICTION AND PROCEDURAL HISTORY

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), a Special Conference Committee ("Committee") of the Virginia Board of Medicine ("Board") held an informal conference on August 29, 2024, in Henrico County, Virginia, to inquire into evidence that Samuel Mark Shor, M.D., violated certain laws governing the practice of medicine in the Commonwealth of Virginia.

Samuel Mark Shor, M.D., appeared at this proceeding and was represented by Jacques G. Simon, Esquire and Dan J. Alpert, Esquire.

By letter dated October 16, 2024, counsel for Dr. Shor proposed amendments to the Findings of Fact in the Order entered September 18, 2024. After review of the request, edits were made and this Amended Order has been entered *nunc pro tunc*.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Samuel Mark Shor, M.D., was issued License Number 0101-036333 to practice medicine on January 26, 1984, which is scheduled to expire on February 28, 2026.

2. Dr. Shor violated Virginia Code § 54.1-2915(A)(3) in his care and treatment of Patient A from approximately December 2008 through March 2019. Specifically:

    a. On or about December 19, 2008, Patient A, a 25-year-old male, presented to Dr. Shor, complaining of quick weight gain, feeling tired and lethargic, and sleeping until noon but not feeling refreshed. Patient A's medical history included depression, obsessive compulsive disorder, bipolar affective disorder, and seasonal affective disorder for which he was treated by a psychiatrist. His

medications included doxycycline 100mg BID, Propecia (finasteride) 1mg QD, Gabitril (tiagabine) 2mg two nightly ("PM"), Lamictal (lamotrigine) 150mg two in morning ("AM"), Geodon (ziprasidone) 20mg PM, Synthroid (levothyroxine sodium) 0.15mg QD, and Prozac (fluoxetine) 20mg two AM, one PM. Despite prescribing various and prolonged courses of minocycline, doxycycline, and tetracycline for treatment of hidradenitis suppurativa since approximately October 2002, Dr. Shor diagnosed Patient A with "possible chronic Lyme" and increased his dosage of doxycycline from 100mg BID to 200mg BID. Dr. Shor also had Patient A tested for Lyme disease, bartonella, and babesia, results of which were negative, indicating that Patient A was not infected with the organism for Lyme (Borrelia burgdoeferi) or with species of bartonella or babesia microti.

b. Despite the negative test results, Dr. Shor informed Patient A on or about January 1, 2009, that his test results for Bburgdorferi or Lyme were positive and recommended that he remain on the present course of treatment with doxycycline. On or about January 9, 2009, Dr. Shor diagnosed Patient A with "probable LBC [Lyme Borrelia Complex]" and prescribed the antimalarial drug Plaquenil (hydroxychloroquine sulfate) 200mg BID, Biaxin (clarithromycin) 500mg BID, and Doryx (doxycycline) 100mg two BID, absent an adequate medical justification or any serological evidence that Patient A had Lyme disease, bartonella, or babesia.

c. Despite Patient A testing negative a second time for Lyme on or about January 13, 2009, Dr. Shor diagnosed Patient A with probable LBC at his next visit on February 24, 2009 and prescribed Zithromax (azithromycin) 600mg QD and Mycobutin (rifabutin) 150mg BID on Mondays, Wednesdays, and Fridays and thereafter prescribed Mepron (atovaquone) 750mg/5ml BID and Flagyl (metronidazole) 500mg BID two days per month at the end of the third week.

d. Despite the prior tests in December 2008 and January 2009 as well as additional tests in August 2013, November 2013, and September 2016, all indicating that Patient A was negative

for Lyme disease, bartonella, or babesia, Dr. Shor continued to prescribe or authorized subordinates in his practice to prescribe multiple antibiotics, antifungals, antimicrobials, and/or antimalarials for LBC concomitantly with benzodiazepines, psychotropics, sedative hypnotics, and/or opioids in continuous or prolonged courses and in various combinations from approximately 2009 through 2019, absent any adequate medical justification.

e. Dr. Shor continued this treatment regimen despite the lack of improvement in Patient A's condition and the known adverse effects of such long-term treatment and despite that Patient A's complaints were most likely caused by his mental health diagnoses, particularly his bipolar disorder. For example:

i. On or about March 4, 2012, Patient A, who was known to have a long-standing history of psychiatric issues, was admitted to the hospital for a drug overdose, in which he ingested about twenty Ativan 0.5mg tablets.

ii. On or about November 28, 2014, Patient A emailed Dr. Shor, stating he had been "getting really agitated and out of it. Short tempered, not making much sense, and very argumentative with those around me (my parents). Administration of Ativan has a calming effect of sorts, basically shutting me down, then I am to a point where I am crying and in shock, at which point I usually am so exhausted that I go to bed." Patient A also stated that "my body doesn't react too well to things" when he either went on or came off of a Lyme treatment cycle.

iii. On or about August 13, 2015, Patient A emailed Dr. Shor, stating:

> Med wise, I am in the 2nd week of my med cycle, taking everything as prescribed, and things are not good. The toll the regimen is taking on me is more than I can handle. Lots of headaches, fatigue, nausea, and the Lyme Rage, coupled with the frustration with my life right now have been so severe that I don't feel like I can continue on this present course of meds. My parents are putting up with a lot from me, and I am sort of coming undone so to say. It's taking a big toll on all of us. I am not myself, and it's definitely hard for those around me to remember that when

> I am crying/shouting/falling to pieces. That being said, I've been doing a lot of reading regarding herbals versus antibiotics. I would like to discuss potentially going off of the antibiotics and switching to ALL herbals. Please advise. I don't know what the right path is for me with all of this right now, but it cannot go forward like this. Something at the least needs adjusted/tweaked so that my quality of life in general is livable.

During an office visit the next day (August 14, 2015), Dr. Shor ordered an immediate hold on antibiotics. During an office visit on or about September 28, 2015, Patient A reported to Dr. Shor that he was feeling "a Million, trillion times Better." During an office visit on or about November 11, 2015, Patient A reported that he was "feeling very good, best he's felt in years on the present herbals." However, on or about September 21, 2016, Dr. Shor resumed treatment of Patient A with antibiotics, despite a lab report indicating that he was negative for babesia and bartonella.

iv. In February 2016, Patient A self-discontinued Plaquenil because of his concern for the potential impact on his cardiomyopathy. On or about July 7, 2016, Patient A reported to Dr. Shor that, according to his electrophysiologist, his heart function had improved. However, on or about September 21, 2016, Dr. Shor resumed treatment of Patient A with Plaquenil, stating that Plaquenil improves efficacy of certain antimicrobials in treatment of Bburgdorferi infection, despite Patient A's multiple negative tests.

v. During an office visit on or about May 29, 2018, Patient A told Dr. Shor that he was "not sure if this cocktail of heavy antibiotics is healthy for me," that "[I] kind of feel at the minimum I am overly drugged," and that he wanted to discuss changing all aspects of his treatment. Despite Patient A's pleas, Dr. Shor failed to discontinue or wean his "chronic Lyme" treatment regimen, which at the time included the following medications: Weeks 1-3: Minocin 100mg BID, Zithromax 250mg QD, and Rifampin 300mg QD; Artemisinin 125mg two BID MWF weeks 1-3 of 4 week cycle, then three BID weeks 1-3 of 4 week cycle; consider augmenting with Alinia and/or Dapsone.

f. On or about January 31, 2019, Patient A was admitted to the hospital for a ventricular tachycardia ("VT") storm. One of Patient A's hospital providers, who specialized in infectious diseases, noted that Patient A's many antibiotics may have lead to cardiotoxicity and the VT storm and that the regimen prescribed by Dr. Shor was entirely outside of accepted guidelines for treatment of Lyme disease. He discontinued Patient A's treatment for Lyme disease and did not recommend resuming such treatment because there was no evidence to support a diagnosis of chronic Lyme disease. On or about February 4, 2019, another hospital provider, who also specialized in infectious diseases, informed Dr. Shor that in order for Patient A to undergo LVAD/transplant evaluation, Patient A could not continue any antimicrobials for seronegative processes, to which Dr. Shor expressed his understanding. However, during an office visit on or about March 18, 2019, Dr. Shor recommended that Patient A resume Minocin 100mg QD, increasing to BID after a few days, for "tick borne diseases."

g. Dr. Shor failed to give Patient A adequate information to make an informed decision regarding his care.

3. Dr. Shor told the Committee that his interpretation of Patient A's test in December 2008 for Lyme disease, bartonella, and babesia was positive because he considered the test to be inadequate. Dr. Shor explained to the Committee that he consequently used a two-tier system to evaluate the patient for these conditions. Dr. Shor would have told Patient A that the test, according to the lab, was negative; however, because of a particular marker, Dr. Shor thought that Patient A was likely positive. Subsequently, Patient A responded to treatment, according to Dr. Shor.

4. Concerning Patient A's complaint about his treatment with antibiotics during his office visit with Dr. Shor on or about May 29, 2018, Dr. Shor told the Committee that he did not disregard Patient A's complaint but that he decreased Patient A's antibiotics and implemented an "off week" for

the medication, with the rationale that taking a week off from antibiotics might ameliorate their toxicity without causing Patient A to lose any ground. Dr. Shor stated that this approach has been found anecdotally to be helpful in the Lyme community.

5. The Committee heard from Linda Tao, M.D., an expert on behalf of Dr. Shor. Dr. Tao stated that the use of Plaquenil is an extremely rare cause of cardiomyopathy. Dr. Tao stated that the reasons for cardiomyopathy are often unknown, but that in Patient A's case, there were two much more likely causes of his cardiomyopathy: (i) Patient A had a genetic predisposition to cardiomyopathy, and/or (ii) Patient A's cardiomyopathy was related to his obesity, in that Patient A was obese throughout his childhood, adolescence, and into adulthood.

6. Dr. Shor told the Committee that looking back on this case, he was not aware of Patient A's genetic history, and, had he been aware, he might not have prescribed Plaquenil to Patient A in light of the patient's genetic predisposition to cardiomyopathy.

7. Dr. Shor told the Committee that he adhered to the transplant team's recommendations that antibiotics should be discontinued for Patient A in order for Patient A to undergo the heart transplant.

8. Dr. Shor presented information to the Committee about his recognized expertise in tick-borne illnesses.

9. Dr. Shor told the Committee that there is difference of opinion in how to manage a patient like Patient A. Dr. Shor stated that he takes a holistic approach to prevent the patient from being marginalized by the medical community. Dr. Shor stated that he wants his patients to get better in a way that is balanced, responsible, and caring. Dr. Shor asserted that Patient A came to the Board's attention because he was such a complex patient, but he believed that the care he provided to Patient A was caring and necessary.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Medicine hereby ORDERS as follows:

1. Samuel Mark Shor, M.D., is REPRIMANDED.

2. Upon the date of entry of this Amended Order, the license of Samuel Mark Shor, M.D., is placed on PROBATION for 3 years and subject to the following terms and conditions:

a. Within 30 days of the date of entry of this Amended Order, Dr. Shor shall attest in writing to the Executive Director of the Board that he will ensure that all patients whom he treats for chronic Lyme disease and associated tick-borne illnesses are provided with information from the United States Centers for Disease Control and Prevention on chronic symptoms of Lyme disease and associated tick-borne illnesses.

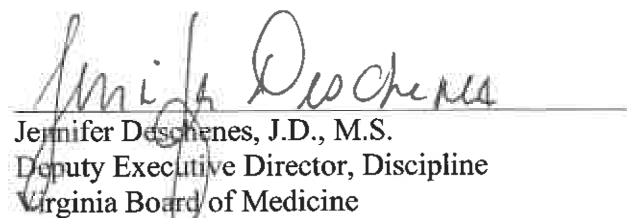
b. Within 30 days of the date of entry of this Amended Order, Dr. Shor shall attest in writing to the Executive Director of the Board that he will obtain signed, informed consent from each of his patients before the initiation of pharmacologic treatment of chronic Lyme disease and associated tick-borne illnesses and then yearly thereafter. The signed, informed consent must include language that discusses alternatives, including the United States Centers for Disease Control and Prevention's position on the treatment of chronic Lyme disease and associated tick-borne illnesses.

3. In the Board's discretion, Dr. Shor's license shall be reinstated without restriction at the completion of the probationary period, or the Board may schedule an informal conference to consider Dr. Shor's status.

4. Any violation of the foregoing terms and conditions of this Amended Order or any statute or regulation governing the practice of medicine shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Amended Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD



Jennifer Deschenes, J.D., M.S.
Deputy Executive Director, Discipline
Virginia Board of Medicine

ENTERED: 10/22/2024
Nunc Pro Tunc: September 18, 2024

NOTICE OF RIGHT TO APPEAL

Pursuant to Virginia Code § 54.1-2400(10), Dr. Shor may, not later than 5:00 p.m., on October 23, 2024, notify William L. Harp., M.D., Executive Director, Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that he desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Amended Order shall be vacated. This Amended Order shall become final on October 23, 2024, unless a request for a formal administrative hearing is received as described above.

BEFORE THE VIRGINIA BOARD OF MEDICINE

IN RE: SAMUEL MARK SHOR, M.D.

License Number: 0101-036333
Issue Date: January 26, 1984
Expiration Date: February 28, 2022
Case Number: 193813

NOTICE OF INFORMAL CONFERENCE
AND STATEMENT OF ALLEGATIONS

You are hereby notified that an Informal Conference has been scheduled before the Board of Medicine ("Board") regarding your license to practice medicine in the Commonwealth of Virginia.

TYPE OF PROCEEDING:	This is an informal conference before a Special Conference Committee ("Committee") of the Board.
DATE AND TIME:	**March 30, 2022** **9:00 am**
PLACE:	Virginia Department of Health Professions Perimeter Center - 9960 Mayland Drive 2nd Floor - Virginia Conference Center Henrico, Virginia 23233

LEGAL AUTHORITY AND JURISDICTION:

1. This informal conference is being held pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10). This proceeding will be convened as a public meeting pursuant to Virginia Code § 2.2-3700.

2. At the conclusion of the proceeding, the Committee is authorized to take any of the following actions:

- Dismiss the case and exonerate you;
- Reprimand you;
- Require you to pay a monetary penalty;
- Place you on probation and/or under terms and conditions;
- Refer the matter to the Board of Medicine for a formal administrative hearing.

ABSENCE OF RESPONDENT AND RESPONDENT'S COUNSEL:

If you and/or your legal counsel do not appear at the informal conference, the Committee may proceed to hear this matter in your absence and may take any of the actions outlined above.

RESPONDENT'S LEGAL RIGHTS:

You have the following rights:

- The right to the information on which the Committee will rely in making its decision;
- The right to be represented by counsel at this proceeding;
- The right to subpoena witnesses and/or documents;
- The right to present relevant evidence on your behalf.

INFORMAL CONFERENCE MATERIALS:

- The informal conference materials (documents) serve as the basis for the allegations against you. The Committee will consider these materials at the informal conference.
- **These materials have been sent to you via UPS Overnight Mail.**
- **Bring this Notice and the documents with you to the informal conference.**

FILING DEADLINES:

- The deadline for filing any materials you wish to have considered at the informal conference is **March 1, 2022. Please submit eight copies. Your documents may not be submitted by facsimile or email.**
- Submit all correspondence to **Jennie F. Wood, Discipline Case Manager, at the Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233.**
- Include the case number in all correspondence.

REQUEST FOR A CONTINUANCE

- Deadline for requesting a continuance: **February 22, 2022.**
- Must be made in writing to **Jennifer L. Deschenes, Deputy Executive Director, at the Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233**
- Will be granted only for good cause shown

OTHER IMPORTANT INFORMATION:

The Board has engaged the services of Thomas M. Kerkering, M.D., whose curriculum vitae and written report are included in the material enclosed with this letter. Dr. Kerkering will be present at the informal conference to serve as an expert on behalf of the Commonwealth.

STATEMENT OF ALLEGATIONS

The Board alleges that:

1. At all times relevant hereto, Samuel Mark Shor, M.D. ("Respondent"), was licensed to practice medicine in the Commonwealth of Virginia.

2. Respondent violated Virginia Code § 54.1-2915(A)(3), (13), and (16) in his care and treatment of Patient A from approximately December 2008 through March 2019. Specifically:

a. On or about December 19, 2008, Patient A, a 25-year-old male, presented to Respondent, complaining of quick weight gain, feeling tired and lethargic, and sleeping until noon but not feeling refreshed. Patient A's medical history included depression, obsessive compulsive disorder, bipolar affective disorder, and seasonal affective disorder for which he was treated by a psychiatrist. His medications included doxycycline 100mg BID, Propecia (finasteride) 1mg QD, Gabitril (tiagabine) 2mg two nightly ("PM"), Lamictal (lamotrigine) 150mg two in morning ("AM"), Geodon (ziprasidone) 20mg PM, Synthroid (levothyroxine sodium) 0.15mg QD, and Prozac (fluoxetine) 20mg two AM, one PM. Despite prescribing various and prolonged courses of minocycline, doxycycline, and tetracycline for treatment of hidradenitis suppurativa since approximately October 2002, Respondent diagnosed Patient A with "possible chronic Lyme" and increased his dosage of doxycycline from 100mg BID to 200mg BID. Respondent also had Patient A tested for Lyme disease, bartonella, and babesia, results of which were negative, indicating that Patient A was not infected with the organism for Lyme (Borrelia burgdoeferi) or with species of bartonella or babesia microti.

b. Despite the negative test results, Respondent informed Patient A on or about January 1, 2009 that his test results for Bburgdorferi or Lyme were positive and recommended that he remain on the present course of treatment with doxycycline. On or about January 9, 2009, Respondent diagnosed Patient A with "probable LBC [Lyme Borrelia Complex]" and prescribed the antimalarial drug

Plaquenil (hydroxychloroquine sulfate) 200mg BID, Biaxin (clarithromycin) 500mg BID, and Doryx (doxycycline) 100mg two BID, absent an adequate medical justification or any serological evidence that Patient A had Lyme disease, bartonella, or babesia. Except for a period of time between February 2016 and September 2016, Respondent continued Patient A on a daily regimen of Plaquenil from January 2009 through January 2019, despite the known or possible adverse effects of this treatment, such as cardiomyopathy which Patient A developed in June 2010.

c. Despite Patient A testing negative a second time for Lyme on or about January 13, 2009, Respondent diagnosed Patient A with probable LBC at his next visit on February 24, 2009 and prescribed Zithromax (azithromycin) 600mg QD and Mycobutin (rifabutin) 150mg BID on Mondays, Wednesdays, and Fridays and thereafter prescribed Mepron (atovaquone) 750mg/5ml BID and Flagyl (metronidazole) 500mg BID two days per month at the end of the third week.

d. Despite the prior tests in December 2008 and January 2009 as well as additional tests in August 2013, November 2013, and September 2016, all indicating that Patient A was negative for Lyme disease, bartonella, or babesia, Respondent continued to prescribe or authorized subordinates in his practice to prescribe multiple antibiotics, antifungals, antimicrobials, and/or antimalarials for LBC concomitantly with benzodiazepines, psychotropics, sedative hypnotics, and/or opioids in continuous or prolonged courses and in various combinations from approximately 2009 through 2019, absent any adequate medical justification, as indicated in the chart below.

Treatment Dates	Medication
December 2008	doxycycline 100mg BID
January 2009 – December 2009	Plaquenil 200mg BID Biaxin 500mg BID Doryx 100mg 4x/day

	Zithromax 600mg QD Mycobutin 150mg BID M/W/F Flagyl 500mg BID two days/month at end of third week Mepron 750mg/5ml susp BID Lamictal 150mg two AM Prozac 20mg two AM, one PM Geodon 20mg one PM Vicodin (hydrocodone-acetaminophen) 5-500mg 1-2 4x/day for pain Gabitril 2mg two PM Amoxil (amoxicillin) 875mg three BID M/W/F first three weeks per month Artemisinin 500mg BID M/W/F first three weeks per month Trileptal (oxcarbazepine) 150 mg two PM Ativan (lorazepam) 0.5mg 1-2 4x/day for anxiety
January 2010 to December 2010	Amoxil 875mg two BID Plaquenil 200mg BID Gabitril 2mg two PM Lamictal 150mg two AM Prozac 20mg four AM Ativan 0.5mg 1-2 4x/day for anxiety doxycycline IV 200mg QD, if tolerated, to 400mg M/W/F for 6 weeks ceftriaxone IV 2.0g every 12 hours M/W/F for Lyme carditis/cardiomyopathy/lyme disease-chronic

	Zithromax IV 500mg QD Zithromax 500mg QD Minocin (minocycline) 100mg two BID Flagyl 500mg BID three daysper month at end of third week Diflucan (fluconazole) 200mg QD Mepron 750mg/5ml two BID Neurontin (gabapentin) 100mg up to three PM; 400mg two PM Lunesta (eszopiclone) 3mg one PM Rozerem (ramelteon) 8mg one PM Trileptal 150 mg two BID
January 2011 to December 2011	Lamictal 25mg three BID Rozerem 8mg one PM Zithromax 500mg BID M/W/F first three weeks per month Plaquenil 200mg BID Vicodin ES 7.5-750mg every 3-4 hours for pain Prozac 20mg four AM Ativan 0.5mg two PM, 1-2 4x/day for anxiety Minocin 100mg BID Trileptal 150mg three PM Mepron 750mg/5ml BID Diflucan 200mg QD Klonopin (clonazepam) 1mg ½ PM, ½ AM
January 2012 to December 2012	Vicodin ES 7.5-750mg every 3-4 hours for pain

	Ativan 0.5mg two PM, 1-2 4x/day for anxiety Prozac 20mg four AM Trileptal 150mg three PM Diflucan 200mg QD weeks 1-3 of 4 week cycle Minocin 100mg BID weeks 1-3 of 4 week cycle; weeks 1-2 of 4 week cycle Pyrimethamine 25mg BID M-F of week 2 of 3 week cycle Rifampin 300mg BID week 1 of 3 week cycle Plaquenil 200mg BID Zithromax 600mg ½ BID M/W/F Cefdinir 300mg BID Artemisinin 250mg three BID M/W/F first three weeks per month Mepron 750mg/5ml BID M/W/F
January 2013 to December 2013	Lamictal 25mg four PM; 100mg QD Plaquenil 200mg BID Ativan 0.5mg two PM, TID Prozac 20mg four AM doxycycline 100mg BID Zithromax 500mg (three-day supply) Biaxin 500mg BID Cefdinir 300mg BID Tindamax (tinidazole) 500mg BID M/W/F third week of month Artemisinin 250mg three BID M/W/F first three weeks per month

	Wellbutrin (bupropion) 150mg QD
January 2014 to December 2014	Wellbutrin 150mg QD Ativan 0.5mg two PM, TID doxycycline 100mg BID; BID weeks 1-3 of 4 week cycle Biaxin 500mg two BID M/W/F first three weeks of 4 week cycle Plaquenil 200mg BID Prozac 20mg four AM Tindamax 500mg BID W/Th/F third week of month Diflucan 200mg QD; QD weeks 1-2 of 4 week cycle; QD weeks 1-3 of 4 week cycle Minocin 100mg BID; BID weeks 1-2 of 4 week cycle Mepron 750mg/5ml BID weeks 1-2 of 3 week cycle Lamictal 100mg 1.5 PM; 25mg four PM w/ 100mg; XR 300mg QD
January 2015 to December 2015	Lamictal 100mg BID; QD; 25mg two PM Wellbutrin 75mg QD; 150mg QD Plaquenil 200mg BID Minocin 100mg BID weeks 1-2 of 4 week cycle Diflucan 200mg QD week 1 of 4 week cycle Alinia (nitazoxanide) 500mg BID M-F weeks 2-3 of 4 week cycle Ativan 0.5mg two PM, TID Seroquel (quetiapine fumarate) 25mg three PM Cefdinir 300mg BID; BID M/W/F first 3 weeks of 4 week cycle

	Prozac 20mg four AM Flagyl 500mg BID W/Th/F week 2 of month Trazodone 50mg two-to-three PM Levaquin (levofloxacin) 500mg #10 (cough) Topamax (topiramate) 25mg TID
January 2016 to December 2016	Ativan 0.5mg two PM, TID Trazodone 50mg two-to-four PM Prozac 20mg four AM Lamictal 100mg QD Wellbutrin 150mg QD Minocin 100mg TID Plaquenil 200mg BID Cefdinir 300mg BID Dapsone 25mg BID Naltrexone 1.5mg three PM, then 4.5mg one PM for pain
January 2017 to December 2017	Cefdinir 300mg BID; two BID M/W/F weeks 1-3 of 4 week cycle Prozac 20mg four AM Wellbutrin 150mg QD Klonopin 0.5mg two PM Ativan 0.5mg two PM, TID Lamictal 100mg QD; 25mg four PM; 150mg QD; 200mg QD Naltrexone 4.5mg one PM

	Trazodone 50mg six PM; 300mg QD Dapsone 25mg BID weeks 1-3 of 4 week cycle Mepron 750mg/5ml BID Plaquenil 200mg BID Minocin 100mg TID weeks 1-3 of 4 week cycle Coartem (artemether-lumefantrine) 20-120mg four BID (three-day course)
January 2018 to December 2018	Naltrexone 4.5mg one PM Zithromax 250mg QD; 250mg QD weeks 1-3 of 4 week cycle Rifampin 300mg BID; 300mg BID weeks 1-3 of 4 week cycle Minocin 100mg TID weeks 1-3 of 4 week cycle; 100mg BID Klonopin 0.5mg four PM Lamictal 200mg QD Lunesta 3mg one PM Prozac 20mg four AM Trazodone 300mg one PM Keflex (cephalexin) 500mg BID Plaquenil 200mg BID Wellbutrin 150mg QD Ativan 0.5mg two PM, TID
January 2019	Augmentin (amoxicillin-pot clavulanate) 875-125mg BID

e. Respondent continued this treatment regimen despite the lack of improvement in Patient A's condition and the known adverse effects of such long-term treatment and despite that Patient A's complaints were most likely caused by his mental health diagnoses, particularly his bipolar disorder. For example:

i. In June 2010, Patient A was diagnosed with cardiomyopathy. Respondent noted that it was "bad dilated cardiomyopathy." Rather than concluding that Patient A's cardiomyopathy was a known adverse effect of the use of Plaquenil, Respondent attributed the condition to Lyme carditis, even though Patient A did not have Lyme disease, and ordered a PICC line with infusion of ceftriaxone 2gm every 12 hours on Mondays, Wednesdays, and Fridays.

ii. On or about March 4, 2012, Patient A, who was known to have a long-standing history of psychiatric issues, was admitted to the hospital for a drug overdose, in which he ingested about twenty Ativan 0.5mg tablets.

iii. On or about December 28, 2012, Patient A emailed Respondent, stating that "the Lyme Rage is back with a vengeance" and that he was "very emotional lately, prone to constant frustration/crying jags in relation to my health, among other things."

iv. During an office visit on or about September 8, 2014, Patient A told Respondent that "I have been on a bit of an emotional rollercoaster over past two days. Should I continue at the present dose? Should I cut back? Please advise. I am just not myself, moods are up and down, and I am very cranky/mad/frustrated/agitated. My thinking isn't clear and I feel like I've got sand in my head. Not like myself on any level, and it's been very upsetting. Please advise."

v. On or about November 28, 2014, Patient A emailed Respondent, stating he had been "getting really agitated and out of it. Short tempered, not making much sense, and very argumentative with those around me (my parents). Administration of Ativan has a calming effect of sorts,

basically shutting me down, then I am to a point where I am crying and in shock, at which point I usually am so exhausted that I go to bed." Patient A also stated that "my body doesn't react too well to things" when he either went on or came off of a Lyme treatment cycle.

vi. On or about December 16, 2014, Respondent diagnosed Patient A with paroxysmal nocturnal dyspnea with worsening congestive heart failure but did not discontinue Plaquenil.

vii. On or about August 13, 2015, Patient A emailed Respondent, stating:

> Med wise, I am in the 2nd week of my med cycle, taking everything as prescribed, and things are not good. The toll the regimen is taking on me is more than I can handle. Lots of headaches, fatigue, nausea, and the Lyme Rage, coupled with the frustration with my life right now have been so severe that I don't feel like I can continue on this present course of meds. My parents are putting up with a lot from me, and I am sort of coming undone so to say. It's taking a big toll on all of us. I am not myself, and it's definitely hard for those around me to remember that when I am crying/shouting/falling to pieces. That being said, I've been doing a lot of reading regarding herbals versus antibiotics. I would like to discuss potentially going off of the antibiotics and switching to ALL herbals. Please advise. I don't know what the right path is for me with all of this right now, but it cannot go forward like this. Something at the least needs adjusted/tweaked so that my quality of life in general is livable.

During an office visit the next day (August 14, 2015), Respondent ordered an immediate hold on antibiotics. During an office visit on or about September 28, 2015, Patient A reported to Respondent that he was feeling "a Million, trillion times Better." During an office visit on or about November 11, 2015, Patient A reported that he was "feeling very good, best he's felt in years on the present herbals." However, on or about September 21, 2016, Respondent resumed treatment of Patient A with antibiotics, despite a lab report indicating that he was negative for babesia and bartonella.

viii. In February 2016, Patient A self-discontinued Plaquenil because of his concern for the potential impact on his cardiomyopathy. On or about July 7, 2016, Patient A reported to Respondent that, according to his electrophysiologist, his heart function had improved. However, on or about September 21, 2016, Respondent resumed treatment of Patient A with Plaquenil, stating that

Plaquenil improves efficacy of certain antimicrobials in treatment of Bburgdorferi infection, despite Patient A's multiple negative tests.

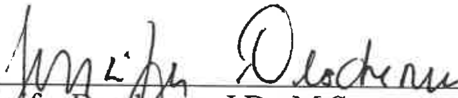
ix. During an office visit on or about May 29, 2018, Patient A told Respondent that he was "not sure if this cocktail of heavy antibiotics is healthy for me," that "[I] kind of feel at the minimum I am overly drugged," and that he wanted to discuss changing all aspects of his treatment. Despite Patient A's pleas, Respondent failed to discontinue or wean his "chronic Lyme" treatment regimen, which at the time included the following medications: Weeks 1-3: Minocin 100mg BID, Zithromax 250mg QD, and Rifampin 300mg QD; Artemisinin 125mg two BID MWF weeks 1-3 of 4 week cycle, then three BID weeks 1-3 of 4 week cycle; consider augmenting with Alinia and/or Dapsone.

e. On or about January 31, 2019, Patient A was admitted to the hospital for a ventricular tachycardia ("VT") storm. One of Patient A's hospital providers, who specialized in infectious diseases, noted that Patient A's many antibiotics may have lead to cardiotoxicity and the VT storm and that the regimen prescribed by Respondent was entirely outside of accepted guidelines for treatment of Lyme disease. He discontinued Patient A's treatment for Lyme disease and did not recommend resuming such treatment because there was no evidence to support a diagnosis of chronic Lyme disease. On or about February 4, 2019, another hospital provider, who also specialized in infectious diseases, informed Respondent that in order for Patient A to undergo LVAD/transplant evaluation, Patient A could not continue any antimicrobials for seronegative processes, to which Respondent expressed his understanding. However, during an office visit on or about March 18, 2019, Respondent recommended that Patient A resume Minocin 100mg QD, increasing to BID after a few days, for "tick borne illnesses."

3. Respondent violated Virginia Code § 54.1-2915(A)(4) and (13) in that he is not competent to practice medicine with safety to his patients and the public and he represents a danger to his patients and the public. Specifically, during approximately a ten-year period, Respondent prescribed more than

twenty medications, including approximately eighteen antibiotics, antimicrobials, or antifungals and four antimalarials, for treatment of LBC despite multiple negative serological tests for Lyme disease, bartonella, and babesia. Respondent often prescribed these unnecessary medications concomitantly with opioids and various benzodiazepines, psychotropics, and sedative hypnotics.

See Confidential Attachment for the name of the patient referenced above.



Jennifer Deschenes, J.D., M.S.
Deputy Executive Director, Discipline
Virginia Board of Medicine

1/25/2022
Date