

BEFORE THE NORTH CAROLINA
MEDICAL BOARD

THE NORTH CAROLINA MEDICAL BOARD)	
)	
Petitioner,)	
)	
v.)	NOTICE OF CHARGES
)	AND ALLEGATIONS
)	
RASHID ALI BUTTAR, D.O.,)	
)	
Respondent.)	

The North Carolina Medical Board (hereafter, "Board") has preferred and does hereby prefer the following charges and allegations:

1. The Board is a body duly organized under the laws of North Carolina and is the proper party to bring this proceeding under the authority granted it in Article 1 of Chapter 90 of the North Carolina General Statutes.

2. Rashid Ali Buttar, D.O. (hereafter, "Dr. Buttar"), is a physician licensed by the Board on or about May 20, 1995, to practice medicine and surgery, license number 95-00528.

3. During the times relevant herein, Dr. Buttar practiced medicine in Cornelius, North Carolina.

4. Patients A through C are family members. In October 2001, the patients report that they were exposed to mercury vapors when a mercury lamp burst in a high school gymnasium.

5. In March 2005, the patients presented to Dr. Buttar with non-specific symptoms such as chronic fatigue and apathy. Dr. Buttar diagnosed each patient with mercury poisoning. Dr. Buttar treated the mercury poisoning in all three patients with chelation therapy using EDTA (ethylenediaminetetraacetic acid) and DMPS (Dimercapto-propane sulfonate).

6. A diagnosis of poisoning is based on a combination of history of exposure and symptoms consistent with the poisoning, physical examination consistent with the poisoning, laboratory testing, and response to treatment. The mercury levels reported by Dr. Buttar's own tests for each patient showed that each patient was within normal limits. Also, with significant acute inhalation exposure to elemental mercury vapors as reported to have occurred in October 2001, an individual would be expected to have produced symptoms of hemorrhagic pneumonitis with a characteristic x-ray finding of metallic densities found throughout the pulmonary parenchyma. Distribution of mercury poisoning to the central nervous system produces symptoms of tremor, neuropsychiatric disturbances such as disordered mood, fatigue, insomnia and memory loss. While some of the patients' symptoms overlap with those of mercury poisoning, the patients' complaints are nonspecific and not sufficient to make a diagnosis of mercury poisoning.

7. When Patients A, B and C presented to Dr. Buttar in March 2005, any mercury from the 2001 incident would have been eliminated. The levels measured in 2005 for all patients are within the range of those seen in normal individuals.

8. Patient D is a minor child with autism who resides in Michigan.

9. Patient D's parents sought treatment from Dr. Buttar for metal toxicity relative to their child's autism.

10. In late 2006, Patient D's mother contacted Dr. Buttar's office by telephone to inquire about Dr. Buttar treating her child. Dr. Buttar's nurse practitioner spoke with Patient D's mother.

11. Without ever personally examining Patient D, Dr. Buttar's office mailed across state lines lab testing materials and instructions on how Patient D's parents could obtain samples from their child and send it to a medical laboratory for testing. The results of the lab testing were sent to Dr. Buttar's office.

12. Dr. Buttar's office then mailed a quantity of transdermal DMPS, that Dr. Buttar himself developed, to Patient D's parents. The medication was accompanied with instructions on how the parents could administer it to their child. At no point up to this time did Dr. Buttar or his staff ever personally examine or see Patient D.

13. Upon information and belief, Dr. Buttar has never held, and does not now hold, a license to practice medicine in the State of Michigan.

14. Patient D did not improve. Her behavior worsened considerably. As a result of her worsening behavior, Patient D's parents made an appointment with Dr. Buttar's office in the Spring of 2007. Patient D and her parents traveled from Michigan to North Carolina to see Dr. Buttar about their daughter and her worsening condition. Dr. Buttar, who began treating Patient D through the mail while she resided in Michigan, did not see Patient D after she and her parents traveled to North Carolina. Instead, Patient D and her parents met only with Dr. Buttar's nurse practitioner.

15. Patient D's parents ultimately decided to discontinue treating their child with the transdermal DMPS provided to them by Dr. Buttar. After discontinuing the use of transdermal DMPS, Patient D improved.

16. Michigan Comp. Law 333.16294 reads, in pertinent part, as follows: "an individual who practices or holds himself or herself out as practicing a health profession regulated by this article without a license or registration. . . is guilty of a felony."

17. Apart from treating a patient for whom he had never seen in a state where he doesn't hold a license, Dr. Buttar's care of

Patient D was deficient in many aspects, including, but not limited to, the following. There is no evidence that Dr. Buttar or his nurse practitioner did any diagnostic thinking. There is no expressed or implied intent to verify that Patient D's diagnosis was correct before proceeding to very costly and potentially dangerous treatment protocols. There is an assumption from the moment that Patient D was first accepted as a patient with Dr. Buttar's practice that Patient D's symptoms were due in part to toxicities of heavy metals. Dr. Buttar's practice demands strict adherence to repeated, extensive, and very expensive laboratory testing.

18. Dr. Buttar's treatments lack any evidentiary basis or any evidence of efficacy. His consent forms are so broad, confusing and non-specific that it would be difficult for many patients to understand the consent forms. Included in the consent forms and disclaimers are harsh warnings that strike a tone that emphasize financial incentives to Dr. Buttar and a lack of empathy to the patients. For instance, one statement reads as follows: "Also please be aware that there will be an additional charge for any extra time that is needed by the nursing staff to restrain your child during the IV treatments."

19. There is no documentation that the means used to assess Patient D's response to treatment (monthly video clips) was ever evaluated by Dr. Buttar or his staff. Dr. Buttar uses no specific set of measureable functional goals for his treatments and thus is unable to determine if his treatments are of any benefit. There do not seem to be efforts to state functional goals for Patient D's treatments to achieve. Instead, there seems to be more of an emphasis on normalizing expensive lab tests that have little or no relationship to autism in the first place, such as cadmium levels in a child's hair.

20. Dr. Buttar's treatment of Patients A through D constitutes unprofessional conduct, including, but not limited to, departure from, or the failure to conform to, the standards of acceptable and prevailing medical practice, or the ethics of the medical profession, irrespective of whether a patient is injured thereby, within the meaning of N.C. Gen. Stat. § 90-14(a)(6), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit his license to practice medicine and surgery issued by the Board or deny any application he might make in the future.

21. Dr. Buttar's treatment of Patients A through D constitutes unprofessional conduct in that he provided a therapy,

whether it be characterized as experimental, nontraditional, or a departure from acceptable and prevailing medical practices, that nonetheless has a safety risk greater than the prevailing treatment or that the treatment is generally not effective within the meaning of N.C. Gen. Stat. § 90-14(a)(6), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit his license to practice medicine and surgery issued by the Board or deny any application he might make in the future.

22. Dr. Buttar's conduct in regard to Patients A through D constitutes Dr. Buttar providing services to a patient in such a manner as to exploit the patient within the meaning of N.C. Gen. Stat. § 90-14(a)(12), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit his license to practice medicine and surgery issued by the Board or deny any application he might make in the future, and furthermore, upon a finding of the exploitation, the Board may order restitution be made to the payer of the bill, whether the patient or the insurer, by the physician, provided that a determination of the amount of restitution shall be based on credible testimony in the record.

23. Dr. Buttar's treatment of Patient D was in violation of laws involving the practice of medicine within the meaning of N.C. Gen. Stat. § 90-14(a)(7), and grounds exist under that section of the North Carolina General Statutes for the Board to annul, suspend, revoke, or limit his license to practice medicine and surgery issued by the Board or deny any application he might make in the future.

NOTICE TO DR. BUTTAR

Pursuant to N.C. Gen. Stat. § 90-14.2, it is hereby ordered that a hearing on the foregoing Notice of Charges and Allegations will be held at a time and place to be designated. The hearing will be held pursuant to N.C. Gen. Stat. § 150B-40, 41, and 42, and N.C. Gen. Stat. § 90-14.2, 14.4, 14.5, and 14.6. You may appear personally and through counsel, may cross-examine witnesses and present evidence in your own behalf.

You may, if you desire, file written answers to the charges and complaints preferred against you within 30 days after the service of this notice.

The identity of Patients A, B, C, and D, and the date and place of treatment of these patients are being withheld from public disclosure pursuant to N.C. Gen. Stat. § 90-8. However, this information will be provided to you upon your request.

The right to be present during the hearing of this case, including any such right conferred or implied by N.C. Gen. Stat. § 150B-40(d), shall be deemed waived by a party or his counsel by voluntary absence from the Board's office at a time when it is known that proceedings, including deliberations, are being conducted, or are about to be conducted. In such event, the proceedings, including additional proceedings after the Board has retired to deliberate, may go forward without waiting for the arrival or return of counsel or a party.

This the 9th day of September, 2009.

NORTH CAROLINA MEDICAL BOARD

By:



George L. Saunders, III, M.D.
President

CERTIFICATE OF SERVICE

This is to certify that the undersigned has this date served the foregoing document in the above-captioned action upon the following individuals by electronic mail and by depositing a copy, postage paid in the United States mail, addressed as follows:

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This, the 9th day of September, 2009.



Marcus Jimison
Board Attorney