

IN THE MATTER OF

*

BEFORE THE MARYLAND

LOREN ERIC LOCKMAN

*

STATE BOARD OF

Respondent

*

PHYSICIANS

*

Case No. 2005-0028

* * * * *

FINAL DECISION AND ORDER

The Proposed Decision of the Administrative Law Judge issued in this case is attached to this Final Decision and Order and is hereby incorporated into this Final Decision and Order of the Board. Upon review of the record of this case under COMAR 10.32.02.03 F. (4), the Board adopts the Proposed Findings of Fact, Discussion, Proposed Conclusions of Law and Proposed Disposition, as set out by the Administrative Law Judge, as its own. The Board will set out in its Order below its acceptance of the Proposed Disposition recommended by the Administrative Law Judge.

ORDER

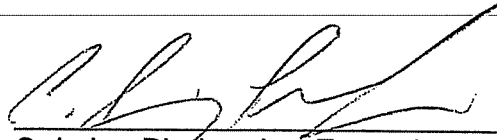
The Respondent, Loren Eric Lockman, is hereby **ORDERED** to cease and desist from the practice of medicine in this State; and it is further

ORDERED, that the Respondent, Loren Eric Lockman, is hereby civilly fined \$320,000 under Md. Health Occ. Code § 14-607 (a) (4) for seven separate violations of Md. Health Occ. Code Ann. § 14-601¹; and it is further

¹ The Board has eliminated the typographical error which inadvertently added the term "(a)" to "14-601."

ORDERED that this is a Final Decision of the Maryland State Board of Physicians and, as such, is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., State Gov't Art., §§10-611, *et seq.*

SO ORDERED this 31st day of August 2007.



C. Irving Pinder, Jr., Executive Director
Maryland State Board of Physicians

NOTICE OF RIGHT TO APPEAL

Pursuant to Maryland Health Occ. Code Ann. §14-408(b), Mr. Lockman has the right to take a direct judicial appeal. Any appeal shall be filed within thirty (30) days from the date of this Final Order and shall be made as provided for judicial review of a final decision in the Maryland Administrative Procedure Act, Md. State Gov't Code Ann. §10-222 and Title 7, Chapter 200 of the Maryland Rules of Procedure.

If Mr. Lockman files an appeal, the Board is a party and should be served with the court's process. In addition, Mr. Lockman should send a copy to the Board's counsel, Thomas W. Keech, Esquire, at the Office of the Attorney General, 300 West Preston Street, Suite 302, Baltimore, Maryland 21201.

The Administrative Prosecutor is no longer a party to this case and need not be served or copied.

STATE BOARD OF PHYSICIANS

v.

LOREN ERIC LOCKMAN,

AN UNLICENSED INDIVIDUAL,

RESPONDENT¹

* BEFORE THOMAS G. WELSHKO,

* AN ADMINISTRATIVE LAW JUDGE

* OF THE MARYLAND OFFICE

* OF ADMINISTRATIVE HEARINGS

* OAH No. DHMH-SPB-79-06-11829

* SBP No. 2005-0028

*

* * * * *

PROPOSED DECISION

STATEMENT OF THE CASE
ISSUE
SUMMARY OF THE EVIDENCE
FINDINGS OF FACT
DISCUSSION
CONCLUSIONS OF LAW
PROPOSED DISPOSITION

STATEMENT OF THE CASE

On or about December 30, 2005, the State Board of Physicians ("SBP" or "the State") issued charges ("the charges") against the Respondent for allegedly violating for allegedly violating sections 14-601 and 14-602(a) of the Maryland Medical Practice Act, Md. Code Ann., Health Occ.² §§ 14-601 and 14-602(a) (2005).

I conducted an evidentiary hearing on May 2, 3, 4, 5, 8, and 11 and June 19, 2006 at the Office of Administrative Hearings ("OAH") in Hunt Valley, Maryland,

¹ I conducted this hearing in conjunction with the companion case of *State Board of Physicians v. Timothy Scott Trader*, DHMH-SBP-79-06-11325.

² Hereinafter, "Health Occupations Article."

pursuant to Section 14-405 of the Health Occupations Article (2005). Assistant Attorney General Janet Klein Brown represented the State. Stephen P. Bourexis, Attorney-at-Law, represented co-Respondent, Timothy Scott Trader, but neither the Respondent nor anyone authorized to represent the Respondent appeared on the Respondent's behalf. The SBP attempted to serve the Respondent personally, but could not do so. An individual residing at the Respondent's property, however, indicated that the Respondent had authorized her to accept mail on his behalf, and she signed the return-receipt cards for the SBP's initial mailings. She subsequently refused to accept later mailings.³

I allowed the record to remain open for submission of memoranda of law by the State and Respondent Timothy Trader. I originally set the due date for submission of memoranda as July 19, 2006—30 days from the conclusion of the hearing. Nevertheless, in early July 2006, counsel for Respondent Trader noted that the Court Reporting Service had not issued the transcript for the final day of hearing, which impeded his ability to draft a complete and accurate memorandum. Consequently, he asked for an extension of the due date for memoranda and represented that the State concurred in his motion. Although counsel for Respondent Trader asked for a 30-day extension, I granted an extension to Monday, August 7, 2006 for the submission of memoranda. I closed the record after that date.

The contested case provisions of the Administrative Procedure Act, Title 10, Subtitle 2, State Government Article, Annotated Code of Maryland, (2004 & Supp. 2006; the Rules of Procedure of the State Board of Physicians, Code of Maryland Regulations

³ I will address service in a separate section in the Discussion section of this decision.

("COMAR") 10.32.02; and the Rules of Procedure of the Office of Administrative Hearings, COMAR 28.02.01, govern this proceeding.

ISSUES

1. Did the Respondent violate section 14-601 of the Health Occupations Article by engaging in the practice of medicine in this State without a license?
2. Did the Respondent violate section 14-602(a) of the Health Occupations Article by representing to the public, by description of services, methods, or procedures, or otherwise, that he was authorized to practice medicine in this State when he was not licensed?
3. If the Respondent has been found to have practiced medicine without a license, does this misconduct warrant the issuance of a Public Cease and Desist Order?
4. If the Respondent has been found to have practiced medicine without a license, does this misconduct warrant the imposition of a monetary penalty?

SUMMARY OF THE EVIDENCE

Exhibits:

The Board submitted 46 exhibits. The Respondent submitted no exhibits. I admitted all exhibits. (A complete List of Exhibits is attached as an Appendix.)

Testimony

The following witness testified on behalf of the State:

- David R. Brown, M.D., Expert Witness. I admitted Dr. Brown as an expert in Medicine
- Ruth Ann Arty, Compliance Officer for the SBP; Ms. Arty also testified as a rebuttal witness for Respondent Trader

- Corporal David DeWees, Deputy Sheriff, Frederick County Sheriff's Office
- Individual F⁴
- The Mother of Individual A
- Individual B
- Individual C
- Frank Bubczyk, former Analyst/Investigator for the SBP

The Respondent did not appear at the hearing and, consequently, did not testify.

FINDINGS OF FACT

Having considered all of the evidence presented, I find the following facts by a preponderance of the evidence:

1. At no time relevant to this proceeding did the Respondent have a license to practice medicine in this State or any other jurisdiction. (Undisputed, Transcript ("T." at 54; St. #37)
2. The Respondent founded Tanglewood Wellness Center ("Tanglewood") as a for-profit fasting center. Tanglewood's first location was in Bethesda, Maryland. The Respondent relocated the facility to Thurmont, Maryland some time after 2002 and subsequently relocated it to Panama in 2005. Individuals went to Tanglewood's Maryland locations to stay from periods ranging from several days to several weeks to engage in supervised water-only fasting with the purpose of promoting the self-healing of the body. St. #44)

⁴ The names of individuals who were clients of Tanglewood Wellness Center and had interaction with the Respondent have been redacted to preserve confidentiality.

3. Although not licensed to practice medicine in any jurisdiction, the Respondent professes that he is an expert in health and wellness. The Respondent espouses the philosophy that the best human diet is one consisting of a mixture of fruits and vegetables along with modest amounts of fish and nuts. He rejects the use of animal protein entirely. Additionally, the Respondent also believes that his prescribed diet combined with water-only fasting can cure most all known illnesses. (T. at 181, 188 – 201)

4. The Respondent's activities at Tanglewood resemble those of a physician, in general, and a consulting physician, in particular. Like a physician, when he interacted with clients or prospective clients, he discussed diagnoses, symptoms related to illnesses and formulated a plan of treatment, which typically involved water-only fasting and the discontinuance of any medications that were part of the client's prior treatment plan. Like a consulting physician, the Respondent evaluated "patients" who had multiple medical problems whom other patients or physicians had referred to him. (T. at 181 – 83)

5. In 2003, the Respondent employed Timothy Scott Trader as a naturopathic medical doctor ("N.M.D."). Mr. Trader is not licensed to practice medicine in Maryland or any other jurisdiction. He left Tanglewood in 2004. Recently, Mr. Trader has identified himself as an "N.M.D. – retired" on Internet websites. (Undisputed, T. at 54; T. at 1355; St. #s4B, 6F, 42, 43, 44 and 45)

6. Mr. Trader functioned as a caregiver and fasting coach while employed at Tanglewood. Although not a physician, he engaged in completing Fasting Intake Forms ("FIFs"), which also served as a type of medical record. He generally measured each

client's vital signs, specifically, their pulse, blood pressure and, in the case of diabetic individuals, blood glucose level, and recorded those measurements on the FIF. He also conducted physical examinations of each client's eyes and made notations about their lungs, pancreas, thyroid, liver, colon, kidneys, adrenals, circulation, heart, skin and stomach. He performed ear examinations with an otoscope, just as a medical doctor would do. (T. at 484 – 99, 851; ST. #1)

Facts as They Relate to Individual A.

7. Individual A was a Type I (insulin-dependent) diabetic. She received that diagnosis when she was approximately 15 years old. (T. at 1002)

8. In late 2003, Individual A learned about Tanglewood through the Internet. She became intrigued by testimonials that she read on Tanglewood's website written by diabetics who claimed to have gotten off insulin by participating in Tanglewood's fasting regimen. Getting off insulin was particularly appealing to Individual A since insulin use promotes weight gain, and Individual A was overweight. (T. at 480, 836; St. #s 1, 6A and 6F)

9. In early 2004, Individual A sought out additional information from Tanglewood. Eventually she obtained a literature authored by the Respondent, as well as videotapes that he produced that promoted fasting as a natural means of healing. She also obtained a book written by Joel Fuhrman, M.D. entitled *Fasting and Eating for Health* that reflected many of the Respondent's ideas about fasting and healing. She eventually made friends with an intern who worked at Tanglewood named Kimberley. (T. at 1009 and 1013)

10. In March 2004, Individual A told her mother that she was going to stay at Tanglewood to fast for six weeks after her community college semester had ended. (T. at 483 -6, 1009)

11. In April 2004, Individual A paid a total of \$3,300.00 for a six-week stay at Tanglewood beginning in early June 2004. She made her payments by two separate checks—a deposit check for \$750.00 and second check for \$2,550.00, the balance owed. (T. at 1029)

12. On April 10, 2004, Individual A wrote a note to herself so she would remember to send the money that she owed to Tanglewood. That note read, “mail check, Dr. Tim.” (T. at 1030)

13. Individual A scheduled a six-week stay at Tanglewood. She would engage in a water-only fast for 33 days, until July 8, 2004, and then proceed to re-feed from July 9, 2004 through July 17, 2004. (T. at 484 – 86)

14. Individual A's mother drove Individual A to Tanglewood on Saturday, June 5, 2004. Individual A had to wait to be taken to her room, so during this time, Individual A's mother had an opportunity to speak with Mr. Trader. Mr. Trader assured Individual A's mother that Tanglewood would closely monitor Individual A during her stay at the facility. (T. at 1024)

15. Individual A packed NovoLog and Lantus insulin⁵ in her luggage and took it with her to Tanglewood. She refrigerated both kinds of insulin as directed so she could use it if needed. (T. at 473 – 74, 885)

⁵ NovoLog insulin is taken after meals; Lantus insulin is taken a bedtime. Individual A also used Humalog insulin after meals, but this Humalog insulin is simply a different brand of NovoLog insulin and is, therefore, functionally equivalent. (T. at 472, 475; St. #6E)

16. Mr. Trader completed an FIF for Individual A upon her arrival at Tanglewood. He initially took measurements of Individual A's vital signs, specifically, her pulse, blood pressure and blood glucose level, and recorded those measurements on the FIF. He also conducted a physical examination of Individual A and made remarks in his initial entry on the FIF about Individual A's eyes ("R" – for reactive), as well as her other vital organs. (T. at 484 – 99, 851; ST. #1)

17. On June 5, 2004, Individual A had a temperature of 96.8° F. on arrival. Her pulse was 76 and her blood pressure was 108/88. Individual A's blood glucose levels were 170 at noon, 192 at 7:40 p.m. and 229 at 9:30 p.m. (St. #1)

18. At the insistence of Mr. Trader, Individual A did not use any insulin and consumed only water on June 5, 2004 and throughout the remainder of her stay at Tanglewood. (T. at 955)

19. On June 6, 2004, Individual A's pulse, measured in the morning was 76 and her blood pressure was 118/72. Her blood glucose readings were 206 at 10:00 a.m., 190 at 1:30 p.m. and 204 at 10:30 p.m. Individual A rested and slept during most of the day. She increased her water intake. Her tongue became coated. (St. #1)

20. On June 7, 2004, Individual A's pulse, measured in the morning, was 84 and her blood pressure was 112/68. Her blood glucose levels were 194 at 7:40 a.m., 247 at 11:00 a.m. and 214 at 2:30 p.m. She complained of a backache and stomachache the previous night, but her symptoms dissipated. She slept more on June 7, 2004 than on the previous day and her tongue became very coated. (St. #1)

21. On June 8, 2004, Individual A's pulse, measured in the morning, was 100 and her blood pressure was 112/66. Her blood glucose levels were 208 at 6:20 a.m.,

232 at 9:20 a.m., 236 at 12:00 noon and 246 at 4:50 p.m. She complained of a stomachache, headache and nausea. She slept much of the time and was slowing down considerably. (St. #1)

22. On June 9, 2004, Individual A's pulse, measured in the morning, was 120 and her blood pressure was 120/72. Her blood glucose levels were 255 at 9:00 a.m., 259 at 2:00 a.m., 258 at 6:30 p.m. She continued to complain of a stomachache, headache and nausea. She vomited several times along with experiencing diarrhea. She decreased her water intake to cope with her nausea. She began breathing hard. (St. #1)

23. On June 10, 2004, Individual A was confused and lethargic in the morning. She was having difficulty breathing, and it appeared her diaphragm was spasming. Her blood glucose level was 488 at 8:30 a.m. This prompted Mr. Trader to administer 35 units of NovoLog insulin to her. By 10:00 a.m., Individual A's blood glucose level had risen to the point it could no longer be read. Her pulse was 124 and her blood pressure was 148/62. (St. #1)

24. Individual A slipped in and out of consciousness on the morning of June 10, 2004. She was incapable of making decisions concerning the administration of insulin. (T. at 499)

25. At 10:30 a.m. on June 10, 2004, the Respondent noticed ketones on Individual A's breath. This indicated that Individual A was going into Diabetic Ketoacidosis. (St. #1)

26. Diabetic Ketoacidosis⁶ is the severe decompensation of Type I Diabetes that occurs when an individual with that condition has an inadequate amount of insulin to meet his or her metabolic needs. Individual A was exhibiting the classic symptoms of Diabetic Ketoacidosis on June 10, 2004. (T. at 477, 536 - 37)

27. At 10:45 a.m., Mr. Trader administered 50 units of NovoLog insulin to Individual A, along with 40 units of Lantus insulin. At this time, Individual A's skin in her trunk and head were flushed and her extremities was pale and cold. (St. #1)

28. At about 10:45 a.m. on June 10, 2004, a urinalysis revealed the presence of large amounts of ketones. The pH of Individual A's urine was 5.0 (acidic). (St. #1)

29. At 11:30 a.m., Mr. Trader administered 200 units of NovLog insulin to Individual A. (St. #1)

30. As of 12:15 p.m., Individual A's blood glucose had declined to 408. (St. #1)

31. At 12:45 p.m., Mr. Trader administered 200 units of NovoLog insulin to Individual A. At 1:30 p.m., he administered another 200 units of NovoLog insulin to her and 50 units of Lantus insulin. Her breathing was less labored. (St. #1)

⁶ In both diabetics and non-diabetics, ketone production (ketosis) is part of the starvation response. After two or three days without consuming glucose, a person's liver will begin to metabolize fatty acids into ketones, which can serve as an energy source for the body just as glucose normally does. In non-diabetics, the supplanting of ketones for glucose allows for near-normal bodily functioning, because insulin also regulates ketone metabolism. In diabetics, however, the absence of insulin allows for uninhibited ketone production. Excessive amounts of ketones are poisonous. The condition known as Diabetic Ketoacidosis occurs when a diabetic's blood ketone level reaches this poisonous threshold. (T. at 537 - 38)

32. At 2:30 p.m., Individual A's blood glucose level was 352; Mr. Trader administered another 200 units of NovoLog insulin to her. At 3:25 p.m., Individual A's blood glucose level was 356; Mr. Trader administered another 200 units of NovoLog insulin to her. Individual A's breathing became increasingly labored. (St. #1)

33. At 4:20 p.m., Individual A's blood glucose level was 340. (St. #1)

34. In total, Mr. Trader administered 1,085 units of NovoLog insulin and 90 units of Lantus insulin to Individual A on June 10, 2004. (St. #1)

35. Some time after 4:20 p.m. on June 10, 2004, Individual A lost consciousness and went into pulseless electrical activity (PEA) arrest (i.e., cardiac arrest). Mr. Trader performed mouth-to-mouth resuscitation on her. The Respondent and Mr. Trader then called 911 and he and other Tanglewood staff carried her down the hill from the facility to meet the EMS personnel's ambulance. Paramedics administered cardiopulmonary resuscitation (CPR) to her and transferred her to Frederick Memorial Hospital. (T. at 826, St. #6C, # 7 and #8)

36. Individual A arrived at Frederick Memorial Hospital at 5:30 p.m. Upon arrival, her pulse was in the 80s and emergency room staff placed her on a ventilator. Her initial blood gas level tested profoundly acidotic (pH 6.7, HCO₃, 3.8). She was obtunded (lacked mental functioning) with fixed and dilated pupils. (St. #13/9)

37. On June 11, 2004, Frederick Memorial Hospital transferred Individual A to University of Maryland Medical Center, where medical personnel confirmed that she had suffered anoxic brain death. University of Maryland Medical Center terminated life support, and Individual A expired at 10:31 p.m. on June 12, 2004. (St. #14/10)

Facts as They Relate to Individual B.

38. Individual B is employed as a licensed clinical social worker. At some time before the fall of 2001, she and her daughter contracted hepatitis C. Particularly out of concern for her daughter, Individual B began looking for some means of curing this illness. Through the Internet, she learned that prolonged fasting might hold some promise. (T. at 1069 – 71; St. #17/13)

39. In her search for places that conducted fasting, Individual B learned about Tanglewood Wellness Center, which was then located in Bethesda, Maryland. She went to Tanglewood and spoke with the Respondent. He did not convince her about the effectiveness of fasting. After speaking with a Tanglewood client—a man who represented himself to be a medical doctor—Individual B became convinced that fasting could cure hepatitis C by killing bacteria, fungi and viruses in the body. (T. at 1070; St. #17/13)

40. When Individual B spoke with the Respondent, the Respondent explained to Individual B that he thought both fasting and the consumption of raw food would help her with her Hepatitis C. The Respondent's recommendation that she consume raw food prompted her to take a raw food preparation class. He also gave her a pamphlet on this subject. (T. at 1073 - 74)

41. Before going to Tanglewood, Individual B went on a raw food-only diet for two weeks, followed by two weeks of water-only fasting at home. She then went to Tanglewood to complete what she intended would be an additional four weeks of fasting. She paid \$50.00 per day for her stay. (T. at 1075)

42. While at Individual B was staying at Tanglewood, the Respondent would not allow her or any other client to deviate from water-only fasting. He prohibited clients from engaging in juice-only fasting as an alternative and did not allow clients to take any medication. He also required clients to remain in bed, except for attending his morning meeting. (T. at 1079 – 81)

43. The Respondent saw Individual B every day while she remained at Tanglewood. He examined her tongue each day, and explained to her that since it was not white, she had not fasted sufficiently. (T. at 1095)

44. After fasting at Tanglewood for two weeks, Individual B became sick. She became nauseated and started vomiting. Her breath began to smell like acetone. (T. at 1094)

45. Shortly after Thanksgiving 2001, Individual B decided to leave Tanglewood for various reasons. Her father-in-law, who is a veterinarian, noticed the acetone on her breath when he visited her and indicated to her that this was a bad sign. Additionally, she saw the emaciated appearance of a number of the other clients. She also heard rumors that the Respondent had used his position to engage in a sexual relationship with one of the clients. (T. at 1096 – 97)

46. In late November 2001, Individual B called her husband and had him pick her up at Tanglewood. When she got home, she began taking juices and her nausea and vomiting subsided. (T. at 1097)

47. Individual B currently has short-term memory problems; she did not have prior to engaging in fasting. She attributes her memory problems to the long-term effects of fasting for 5½ weeks in the fall of 2001. (T. at 1097)

Facts as They Relate to Individual C.

48. In the summer of 2001, Individual C, then 45 years old, was searching for a way to address her chronic weight problems and "food addiction." A friend told her about the Respondent and Tanglewood, and suggested that Tanglewood might be able to help her. At the time, Individual C was employed as a systems engineer. (T at 1164 – 65; St. #28/24)

49. Based on the recommendation of her friend, Individual C went to a seminar at Tanglewood conducted by the Respondent. During the seminar, the Respondent promoted the benefits of eating raw food, fasting, exercise and healthy living. (T. at 1166)

50. The representations made by the Respondent during the first seminar that Individual C attended convinced her to modify her diet and consume raw foods. Over the next several months, she attended more seminars given by the Respondent at Tanglewood. During this time, the Respondent continued to insist that Individual C engage in fasting, which he viewed as the best way for her to improve her health. (T. at 1168 – 69; St. #28/24)

51. Responding to the Respondent's prompting, Individual C decided to stay at Tanglewood and engage in a water-only fast for one month. The cost of her stay was \$3,000.00, which the Respondent allowed Individual C to pay in three installments. Ultimately, Individual C only paid \$2,000.00 to the Respondent because she did not stay for the entire month. (T. at 1177 – 78)

52. Individual C began her water-only fast at Tanglewood the week before Thanksgiving 2001. After engaging in water-only fasting for two-and-a-half weeks, she

began getting headaches and became increasingly weak. When Individual C complained to the Respondent about her symptoms, he indicated that she should continue to drink water and fast, so that toxins would be eliminated from her body. (T. at 1187 – 88)

53. At the beginning of her third week at Tanglewood, Individual C woke up at 5:00 a.m. She had such a large bowel movement that the force of the feces coming out caused her to collapse and fall on to the floor face down. She injured her nose, upper lip and forehead when she fell. Her nose was visibly bloody. (T. at 1189 – 91, 1195 - 96)

54. Individual C still needed to finish evacuating her bowel, so she righted herself back on to the toilet. The force of this second bowel movement also caused her to collapse. She again fell on the floor face down. She lost consciousness during this second episode. (T. at 1191)

55. Other clients at Tanglewood heard Individual C fall and notified the Respondent. He came to Individual C's room and examined her tongue and her eyes. He noted that the condition of her tongue indicated that she was still releasing toxins. He also explained to Individual C that because her eyes were not dilated, she was okay. He did not call for an ambulance, although a nurse-client staying at Tanglewood told the Respondent that Individual C needed immediate medical attention. (T. at 1193 – 96)

56. After falling in the bathroom, Individual C felt dizzy and weak. She did not want to continue her fast and asked the Respondent if she could have some watermelon. The Respondent did not provide any food to her. He instead called her friend, whom she identified as her emergency contact. Her friend, in turn, called

Individual C's husband and son. They came to Tanglewood took Individual C out of the facility. They had to hold her up on both sides because she was too weak to walk. They took her to the emergency room of Sibley Hospital, where she received treatment for her injuries. (T. at 1198 – 99)

57. After fasting, Individual C experienced physical and mental difficulties. Her memory problems became so severe that she could not resume her prior occupation as a systems analyst. (T. at 1208)

Facts as They Relate to Individual D.

58. Individual D is currently a 78-year-old woman who participated in fasting at Tanglewood on a number of occasions; her most recent fast was in May 2005. Individual D had and has significant medical problems, including hypothyroid disease, high blood pressure and coronary artery disease—the latter condition resulting in a heart attack. She has had a coronary angioplasty to address her coronary blockages. (T. at 512; St. #19/15, #20/16)

59. Individual D lost considerable weight while fasting, going from 140 lbs. to 95 lbs. She had cognitive issues before participating in the Tanglewood program, but fasting exacerbated those problems. (T. at 382, 512; St. #23/19)

60. While staying at Tanglewood, the Respondent insisted that Individual D discontinue all medications for the treatment of her thyroid condition, high blood pressure and coronary artery disease. (T. at 512, St. #23/19)

Facts as They Relate to Individual E.

61. Individual E is a resident of Manchester, England. She has been interested in eating healthy since at least 1990, when she became a vegetarian... She

did not have any significant medical conditions before participating in fasting at Tanglewood. Her ailments were limited to eczema and irritable bowel syndrome. (St. # 31, 27, #32/28)

62. On May 13, 2001, Individual E and her partner attended a lecture given by the Respondent in England related to the health benefits of fasting. Individual E spoke with the Respondent briefly after his lecture. (St. #32/28)

63. Encouraged by the Respondent's promotion of water-only fasting to achieve optimum health, Individual E came to the United States to participate in fasting at Tanglewood in Bethesda, Maryland. She began her fast on September 1, 2001. (St. #31/27, #32/28)

64. Once at Tanglewood, the Respondent prescribed water-only fasting to Individual E as a means of improving her health. She remained on a water-only fast until November 18, 2001. (St. #31/27, #32/28)

65. By the time Individual E stopped fasting, she was emaciated and essentially starving. She was weak and had difficulty walking. Her partner came to Tanglewood and removed her. North Manchester Hospital admitted her as a patient once she arrived back in England. Doctors there diagnosed her with the deficiency disease beriberi. (St. #31/27, #32/28)

Facts as They Relate to Individual F.

66. Individual F is a 47-year-old man with a history of cardiac problems. He has chronic arteriosclerosis. To date, he has had a quadruple heart bypass, a double heart bypass and five stents inserted into the arteries of his heart to promote proper blood flow. (T. at 931)

67. Individual F takes the following medications: Toprol and Norvasc for blood pressure, Plavix, a blood thinner, and Lipitor, an anti-cholesterol medication. He also takes Prevacid to treat gastroesophageal reflux disease. (T. at 932 – 33)

68. In May 2004, he learned about Tanglewood from a friend. He went to Tanglewood's website and obtained information about the facility. Based on what he learned, he believed Tanglewood was a good place for him to go because he was looking for a place to rest. Additionally, he wanted to have a mental-spiritual experience to help him deal with the death of his wife, which occurred some time in March 2004. (T. at 930)

69. Individual F arranged for a two-week stay at Tanglewood beginning on Saturday, June 5, 2004. He paid a nonrefundable \$1,350.00 fee in advance of his stay. He made his check payable to the order of the Respondent. (T. at 930, 958)

70. When Individual F arrived at Tanglewood, he sat in a waiting room for about an hour before Timothy Trader came to greet him. Mr. Trader presented Individual F with some paperwork to sign that, among other things, contained a disclaimer. (T. at 935)

71. Although Individual F explained to Mr. Trader that he came to Tanglewood for emotional, mental and spiritual reasons, Mr. Trader informed Individual F that fasting would also address his physiological needs as well, which, in turn, would help him better handle the death of his wife. (T. at 936)

72. The points that Mr. Trader made during his initial conversation with Individual F are summarized as follows:

- Individual F would be on a strict water-only fast during his stay at Tanglewood. Individual F did not need to take any medications because the purpose of fasting was to eliminate toxins from the

body and medications could be counted among the kinds of toxins that had to be eliminated. Fasting allowed the body would take care of itself.

- Fasting would detoxify Individual F's body; specifically, it would remove the toxins responsible for causing the creation of plaque, which, in turn, resulted in his arteriosclerosis condition.
- Fasting affects everyone differently, but a loss of strength always accompanies fasting. Since energy loss always results from fasting, he should not worry about it.
- Fasting also causes some individuals to experience physical illness such as nausea, vomiting, diarrhea and headaches. Some people even get blurry vision. These symptoms were also to be expected.

(T. at 937; 942, 945 – 46)

73. Individual F considered Mr. Trader to be his caregiver while at Tanglewood. Upon arrival, Mr. Trader took Individual F's blood pressure and looked into the retina of his eyes. He explained to Mr. Trader because looking into the iris of one's eyes gives a sense of that person's wellbeing. Mr. Trader also checked Individual F's glands and performed reflex tests on him. (T. at 942)

74. On the morning of Individual F's second day at Tanglewood, Sunday, June 6, 2004, Mr. Trader checked Individual F's blood pressure, looked into his eyes and examined his tongue. He told Individual F that his tongue was changing texture and that was a good thing. (T. at 944)

75. On Monday, June 7, 2004, Individual F decided he was not going to stay at Tanglewood. He saw Mr. Trader and told him that he was going to leave. The Respondent did not want Individual F to leave. He explained to Individual F, "it was natural to second guess yourself" and encouraged him to "stick it out" one more day. He even suggested eating a small amount of food. Individual F was adamant about

leaving. He departed Tanglewood later that day. He attempted to have his \$1,350.00 fee refunded, but Mr. Trader emphasized to Individual F that his fee was non-refundable. (T. at 953 – 54, 958)

Facts as They Relate to Individual G.

76. Individual G learned about Tanglewood from a friend. She decided to engage in water-only fasting there based on the claims made by the Respondent. (St. #30/26)

77. Individual G began fasting at Tanglewood on December 26, 2001. She left after one week because the Respondent would not turn up the heat. She paid approximately \$1,500.00 for her stay, which the Respondent would not refund to her. (St. #30/26)

78. The SBP notified the Respondent of the *Statement of Charges* and all subsequently scheduled proceedings related to those charges. (T. at 440 – 47)

DISCUSSION

I. Introduction

The State has shown that the Respondent, Loren Eric Lockman, violated the Maryland Medical Practice Act by practicing medicine without a license. While the Respondent never overtly claimed to be an “M.D.,” or to have a license to practice medicine, his activities at Tanglewood reveal that he acted in a manner consistent with that of a practicing physician. The Respondent’s attempts to avoid service, his fleeing to Panama and his failure to participate in this proceeding in any way, lead me to

recommend that the State Board of Physicians impose the maximum civil fines against him for his violations. The reasons for my conclusions are set forth in detail below.

II. Service of the Respondent

On December 30, 2005, the State sent its *Statement of Charges*, which included the dates of the prehearing conference and the hearing on the merits, to the Respondent at the 6135 Mountindale Road address by certified and regular mail. The State noted that this original mailing had the Respondent's name misspelled as "Lochman." Consequently, on January 9, 2006, it sent a new notice with the Respondent's name spelled correctly to the Respondent, again, by regular and certified mail. On January 12, 2006, the State received a return receipt card from the January 12, 2006 mailing that was signed by "Willa⁷ May Wille." In any event, the State discovered that it made another error: it transposed numbers in the Respondent's address. This necessitated the State sending another corrected mailing to the Respondent's address of record on January 13, 2006. On January 18, 2006, Willa May Wille signed for this corrected mailing.

The State realized that there were formatting problems with the January 13, 2006 mailing. Consequently, it sent another revised notice to the Respondent at his address of record on February 8, 2006. On February 27, 2006, the U.S. Postal Service returned the certified mailing to the State with the notation "unclaimed"; it did not return the notice sent by regular mail. The State attempted another mailing on March 2, 2006; again, the certified mail came back "unclaimed," while the regular mailing was not returned.

⁷ In my Prehearing Order, I mistakenly believed that this name was "Willia."

In March 2006, the State sent Investigator Ruth Ann Arty to interview Willa May Wille. A follow-up interview, which the State had transcribed, took place at the State Board of Physicians offices on April 18, 2006. Assistant Attorney General Janet K. Brown was also present during this interview. Since Ms. Wille is hearing-impaired, a sign language interpreter assisted Ms. Arty. Ms. Wille identified herself as a house sitter for the Respondent. She explained that, initially, the Respondent had instructed her to forward his mail to his new residence in Panama. (St. #39/35) Then, in February 2006, she noted that he told her to stop forwarding his mail to him and to stop signing certified mail return-receipt cards on his behalf.

I am satisfied that mailings containing certain information reached the Respondent's address of record. Moreover, the Respondent entrusted an agent to monitor correspondence. I shall assume that until February 2006, the Respondent's agent fulfilled her duty and forwarded the *Statement of Charges* and notices about any subsequently scheduled proceedings related to those charges to the Respondent in Panama.

I will further note that Ms. Arty's investigation revealed that as of the first day of hearing, the Tanglewood site on Mountindale Road continued to be owned by the Respondent. Moreover, Ms. Arty also obtained the Respondent's Motor Vehicle Administration driving record; that record still listed the Tanglewood site in Thurmont, Maryland as the Respondent's residence. Taking all of this into account, the Respondent either knew or should have known about these proceedings. (T. at 440 – 47)

III. *Merits*

A. *The Charges*

On or about December 30, 2005, the State issued charges ("the charges") against the Respondent under the Maryland Medical Practice Act, found in the Health Occupations Article of the Annotated Code of Maryland, for engaging in the unauthorized practice of medicine. The State cited the following legal authority as the bases for its charges:

§ 14-601.

Except as otherwise provided in this title, a person may not practice, attempt to practice, or offer to practice medicine in this State unless licensed by the State.

Md. Code Ann., Health Occ. § 14-601 (2005).

§ 14-602(a).

(a) Unless authorized to practice medicine under this title, a person may not represent to the public, by description of services, methods, or procedures, or otherwise, that the person is authorized to practice medicine in this State.

Md. Code Ann., Health Occ. § 14-602(a) (2005).

§ 14-602(b).

(b) Except as otherwise provided in this article, a person may not use the words or terms "Dr.", "doctor", "physician", "D.O.", or "M.D." with the intent to represent that the person practices medicine, unless the person is:

(1) Licensed to practice medicine under this title;

(2) A physician licensed by and residing in another jurisdiction, while engaging in consultation with a physician licensed in this State;

(3) A physician employed by the federal government while performing duties incident to that employment;

(4) A physician who resides in and is licensed to practice medicine by any state adjoining this State and whose practice extends into this State; or

(5) An individual in a postgraduate medical program that is approved by the Board.

Md. Code Ann., Health Occ. § 14-602(b) (2005).

Additionally, section 14-101(l) of the Health Occupations Article, defines the practice of medicine. That section states the following:

(l)(1) "Practice medicine" means to engage, with or without compensation, in medical:

- (i) Diagnosis;
- (ii) Healing;
- (iii) Treatment; or
- (iv) Surgery.

(2) "Practice medicine" includes doing, undertaking, professing to do, and attempting any of the following:

(i) Diagnosing, healing, treating, preventing, prescribing for, or removing any physical, mental, or emotional ailment or supposed ailment of an individual:

1. By physical, mental, emotional, or other process that is exercised or invoked by the practitioner, the patient, or both; or

2. By appliance, test, drug, operation, or treatment;

- (ii) Ending of a human pregnancy; and
- (iii) Performing acupuncture.

(3) "Practice medicine" does not include:

- (i) Selling any nonprescription drug or medicine;
- (ii) Practicing as an optician; or

- (iii) Performing a massage or other manipulation by hand, but by no other means.

Md. Code Ann., Health Occ. § 14-101(l) (2005).

The State maintained that the Respondent engaged in the unauthorized practice of medicine, by participating in the following activities, either directly, or through others under his direction and control:

- a. Prescribing fasting for Individual A, a person with a six year history of insulin dependent diabetes mellitus, as a treatment for removing a physical, mental, or emotional ailments or supposed ailments of Individual A;
- b. Attempting to treat Individual A's insulin dependent diabetes mellitus by prescribing fasting and withholding insulin;¹
- c. Prescribing a fasting regimen that allowed only water and required discontinuation of all previously prescribed medications, including daily administration of insulin that had been prescribed for Individual A by a licensed physician;
- d. Referring to Timothy Trader as "Dr. Trader," claiming that he was "board certified" in Naturopathic Medicine, and permitting him to conduct activities that could easily have led a reasonable layperson to believe that he was a licensed medical doctor;
- e. Engaging in medical examination and diagnosis of Individual A;
- f. Performing a physical examination including evaluation of vital signs, lungs, pancreas, thyroid, liver, colon, kidneys, adrenals, skin, heart, stomach, throat, nose and ears and obtaining a blood sugar measurement and documenting these findings on a FIF with entries dated 6/5/04. The FIF had all the appearances of a medical record;
- g. Performing serial physical examinations of Individual A and obtained serial blood glucose measurements but failing to make a timely diagnosis of diabetic ketoacidosis and allowing it to become critical;
- h. Engaging in medical treatment of Individual A's confusion and lethargy with insulin injections that were inappropriate and ineffective;

i. Inappropriately administering a total of 1085 units of NovoLog insulin and 90 units of Lantus insulin to Individual A in the absence of IV fluids or electrolytes;

j. Failing to transfer Individual A to a trained physician who could have easily corrected the metabolic crisis. Individual A sustained a PEA cardiac arrest as a direct result of untreated diabetic ketoacidosis. Individual A died as a result of the cardiac arrest;

k. Claiming that he could cure Individual B's Hepatitis C, prescribing a fasting regimen to effect this claim, canceling previous medication orders, serially examining Patient B's status, evaluating her symptoms and treating her side-effects;

l. Prescribing a fast for Individual C, evaluating the complications of that fast, evaluating and treating her injuries after her fainting episodes, and recommending against hospitalizing her.

m. Depriving his clients of essential nutrients, instead of ensuring they were provided.

n. Allowing Mr. Trader to prescribe a fast for Individual F, and subsequently allowing Mr. Trader to cancel Individual F's prior medication orders to evaluate and examine him;

o. Placing a highly vulnerable woman (Patient G) in an extremely dependent condition, both psychologically and physiologically.

The burden of proof in this case is by a preponderance of the evidence and rests with the State. Md. Code Ann., Health Occ. § 14-405(b)(2).

I will structure my analysis based on the Respondent's actions with regard to each individual separately.

B. Individual A

1. Intake at Tanglewood

Individual A was a 22-year-old woman who had been diagnosed with Insulin-dependant (Type I) diabetes at the age of 15. Individual A struggled with her weight because of her diabetic condition. Dr. David Brown, the State's expert in Medicine, noted that the need to balance food and insulin intake often results in weight gain

among Type I diabetics. Individual A was not happy with her overweight appearance and wanted to lose weight.

Individual A wanted to become insulin-independent.⁸ She investigated this subject on the Internet, which led her to the web site of Tanglewood Wellness Center. She was encouraged by representations made on the Tanglewood website by Tanglewood's proprietor, the Respondent. Those representations indicated a diabetic who engaged in water-only fasting over a period of weeks could eliminate insulin dependency. One account involved an individual named Jim. The title of the piece involving Jim was "Jim's Story: From Near Death to Amazing Health in One Week." According to the story contained on the site, the Respondent had a conference call with "Jim's" internist and cardiologist and explained that Jim had to go off all of his medications before fasting. The internist responded by saying, "you can't take him off his diabetes medication because he will go into diabetic shock, coma. He could die." The Respondent answered, "if we get out of the way, the body will take care of itself." According to the Respondent, after Jim's fifth day of water-only fasting, his blood sugar was normal. The Respondent's website also contained testimonials from individuals named Bob, Bonita, Byron, Donna and others who shared their positive experiences with the Respondent on his website. Although I cannot know the exact role that Jim's story or the testimonials played in enticing Individual A to fast at Tanglewood, I can certainly infer that this and similar information that appeared on the Respondent's website was instrumental in getting Individual A interested in the Tanglewood program.

⁸ Individual A told Individual F that getting off insulin was the goal she intended to achieve by fasting at Tanglewood during conversations she had with Individual F during Individual F's brief stay at Tanglewood. (T. at 836)

Based on his website representations, I conclude that the Respondent was offering to “diagnose,” “treat” and “heal” individuals who had medical conditions by prescribing the Tanglewood fasting program. Certainly, specifically with regard to Individual A, those representations convinced her to fast—and to her detriment. Hence, I conclude that the Respondent violated section 14-601(a) by engaging activities that constituted the practice of Medicine.

In the spring of 2004, after ascertaining more information about Tanglewood, including making friends with an employee, Individual A entered into a \$3,300.00 contract with the facility for a six-week stay beginning in early June 2004 that anticipated a 33-day fast and a two-week “re-feeding period.” The Respondent was aware that Individual A was a Type I Diabetic. Individual A’s January 2004 Intern Application form notes her diabetic condition. (St. #4B) She repeated the same information in her online Fasting Intake Form (St. #6B) Additionally, when the Respondent spoke with Corporal David DeWees of the Frederick County Sheriff’s Office, he stated that he was aware that Individual A was a diabetic. (St. #6A) Circumstantial evidence indicates that she had contact with the Respondent’s associate, Timothy Trader, about her prospective stay. On April 10, 2004, Individual A wrote a note to herself so she would remember to send the money that she owed to Tanglewood. That note read, “mail check, Dr. Tim.” The record does not reflect any other individual working for Tanglewood who was named “Tim” or “Timothy,” so I will infer that Individual A was referring to Mr. Trader. I will further infer that Individual A got the impression that the Respondent was a kind of “doctor” by her “Dr. Tim” reference. I conclude that these representations by Mr. Trader were made either with the explicit or

implicit approval of the Respondent are sufficient to find the Respondent in violation of section 14-602(a) of the Health Occupations Article.

Returning to the chronology of events concerning Individual A, Individual A's mother drove Individual A to Tanglewood on Saturday, June 5 2004. Individual A did pack two kinds of insulin in her bags in the event that she needed it. While Individual A was waiting to check-in to the facility, Mr. Trader had a conversation with Individual A's mother. Mr. Trader assured Individual A's mother that Tanglewood would closely monitor Individual A during her stay at the facility.

As best as I can glean from the record, Mr. Trader's employment at Tanglewood was as a fasting coach, although Individual F identified him as his "caregiver." I will further infer that as an employee of Tanglewood, Mr. Trader subscribed to the philosophy of its owner, the Respondent, specifically, that long periods of water-only fasting could treat or even cure a host of different chronic conditions or illnesses. Mr. Trader was not and is not an M.D. and, as such, the SBP never licensed him to practice medicine in Maryland. Mr. Trader at various times represented himself as a doctor of naturopathic medicine doctor or N.M.D. On his current website, he represents himself as being a "retired" N.M.D.

Mr. Trader completed a Fasting Intake Form for Individual A upon her arrival at Tanglewood, along with conducting a physical examination. Subsequently, he took periodic measurements of Individual A's vital signs, specifically, her pulse, blood pressure and blood glucose level, and recorded those measurements. He also conducted a physical examination of Individual A, and made entries on the FIF about her lungs, pancreas, thyroid, liver, colon, heart adrenals and, stomach. He examined

Individual A's ear canals and noted the presence of wax near one eardrum. Mr. Trader also remarked that the outside of Individual A's nose was inflamed.

The State's expert, Dr. David Brown, noted that Mr. Trader's conducting an examination of Individual A was curiously physician-like. Further, like a physician, he listened to the Individual A's complaint (insulin-dependent diabetes), analyzed that complaint by conducting a physical examination (taking Individual A's blood pressure, temperature and pulse, looking into her eyes and examining her tongue and getting a blood sugar reading), documenting his findings and formulating a plan of treatment (i.e., water-fasting). (T. at 177) Dr. Brown found it remarkable that Mr. Trader's intake form and the notes he made on that form during subsequent days, "for all the world looks like a medical record." Id. (It even states that Individual A was "admitted" to Tanglewood Wellness Center, just as she would have been "admitted" to a hospital.) Furthermore, Mr. Trader determined that Individual A should stop taking medication prescribed by her allopathic physician (i.e., insulin). Dr. Brown emphasized that prescribing the withholding of medications constitutes medical practice in the same way as prescribing medications, because both acts involve treating the patient's condition.

In Dr. Brown's opinion, however, Mr. Trader's act of "playing doctor" here was anything but benign. By definition, a Type-I diabetic can *never* get off of insulin. Unlike in Type-II diabetes, where the body still produces insulin but, in most cases, cannot utilize it properly, in Type-I diabetes, the body produces either marginal amounts of insulin or no insulin at all. When a Type-I diabetic does not take food or insulin, diabetic ketoacidosis ("DKA") will result. Dr. Brown explained that DKA is connected to the body's starvation response. In a non-diabetic individual, when the body is deprived of

glucose derived from food metabolism, it can use stored body fats as “fuel” by converting them to ketones.⁹ Nevertheless, insulin is still necessary to regulate ketone metabolism. Dr. Brown explained the relationship between insulin and ketone production and utilization as follows:

One needs to view the issue of ketones in the context of insulin because it is insulin that controls the metabolism of ketones. When insulin is sufficient, ketones are made in modest quantities to provide fuel for the brain and that is the normal response to calorie deprivation. When insulin is not sufficient the ketones are made in an unregulated way, vastly in excess of what the brain requires and the dilemma is that these ketones are organic acids and so, in the absence of insulin, the ketones are made to such an extent that the body is essentially poisoned by these organic acids.

T. at 537 – 38

Therefore, according to Dr. Brown, Mr. Trader should never have advised that Individual A participate in a water-only fast for a significant amount of time because her Type-I diabetic condition would have inevitably led to her to develop DKA—excessive ketone production resulting in the poisoning of Individual A’s body—which, in fact, did occur.

Even at this initial stage of Mr. Trader’s interaction with Individual A, I find that he was practicing medicine. As noted, to some extent he represented to Individual A that he was a “doctor.” This is strongly suggested by her note in which she referred to him as “Dr. Tim.” He then proceeded to act like a doctor by “admitting” Individual A to Tanglewood, taking her vital signs, diagnosing her condition and prescribing treatment, which included his advice to her to stop taking insulin. These activities constitute

⁹ Specifically, “beta-hydroxybutyrate and alpha-ketobutyrate, which are metabol[ites] of fatty acids[;] [they] are made by the liver, and they are made because they can be utilized by the brain when there is not enough glucose to provide all the brain’s metabolic needs.” (T. at 537, testimony of Dr. Brown.)

“diagnosis,” “healing” and “treatment” of a medical nature, as defined by section 14-101 of the Health Occupations Article.

2. *Response of Mr. Trader and the Respondent to Individual A's DKA*

Mr. Trader took Individual A's blood pressure, pulse and blood glucose readings over the next four days that Individual A remained at Tanglewood. Her initial blood glucose level was 170. It hovered in the 200 range over the next three days. (A normal fasting blood glucose level for non-diabetics is 70 – 110, so Individual A's readings were not in the normal range.) On the night of her second day at Tanglewood, Individual A's tongue became coated and she experienced a stomachache. She increased her water intake, but Mr. Trader did nothing to follow-up on these symptoms. On her third day at Tanglewood Individual A slept most of the day. Then, on the evening of June 8, 2004, she complained of a headache and nausea in addition to having a stomachache. She was slowing down considerably, sleeping most of the time. Her blood glucose level was 246 at 4:50 p.m.

Dr. Brown reviewed Individual A's records showing her blood glucose levels and relating her somatic complaints, and found what was occurring during the June 6 – 8, 2004 period troubling. Dr. Brown stated that Individual A's complaints of a stomachache and nausea on June 6, 2004 (in combination with her elevated blood glucose levels) were “the earliest symptoms” of DKA. Then on June 7, 2004, her added complaint of have abdominal pain correlated with what one would expect in a diabetic individual with rising ketones. (T. at 544) Dr. Brown concluded that Mr. Trader did not intervene at this point because he lacked medical training. He did not know the difference between Type I and Type II diabetes, and he also did not recognize the

symptoms of DKA. Dr. Brown remarked that if Mr. Trader had been a licensed physician and failed to react after observing Individual A's condition as of June 7, 2004, he would have been guilty of malpractice. (T. at 551)

By June 8, 2004, Individual A was definitely showing prominent symptoms of DKA—lethargy, abdominal pain, headache and nausea. Dr. Brown commented, “imagine to yourself that you are bedridden with the absolute worst possible flu, horrible illness, fever, nausea, that you ever had, look back through your life and imagine when you were as sick as you have ever been and that is probably what she was feeling somewhere as the 8th [of June] went into the 9th.” (T. at 552 – 53)

Individual A's condition worsened on June 9, 2004. Her blood glucose readings ranged between 255 and 259 that day. She began vomiting and decreased her water intake to cope with it. During this time, however, Mr. Trader only continued to monitor her.

On June 10, 2004, Individual A hit the DKA crisis point. Her lethargy devolved into confusion and her breathing became labored. The one blood glucose reading that Mr. Trader could get in the morning was 488. The next time he attempted to take it, it had risen so high that it could not be measured. Individual A then began slipping in and out of consciousness. Mr. Trader reacted not by immediately calling 911 to get medical help for Individual A; instead, he administered 35 units of NovoLog insulin to her in an attempt to decrease her blood glucose levels. He subsequently administered a dose of 40 units of Lantus insulin to her, then 200 units each of NovoLog insulin four separate times. Dr. Brown asserted that these doses were far in excess of what Individual A would have administered to herself and, ironically, these high doses could not have

done anything to remedy her elevated blood glucose levels significantly. When a Type I diabetic goes into DKA, trained medical staff will treat that condition by administering intravenous fluids and potassium, in addition to carefully measured doses of insulin, to stabilize the patient. (DKA also causes potassium depletion and dehydration.)

Administering insulin alone is ineffective. (T. at 579 – 80) Dr. Brown averred that dehydration and potassium-depletion are particularly significant because with a weakened heart-muscle resulting from the lack of potassium combined with low blood volume, the heart cannot pump sufficiently, so the circulatory system collapses. (T. at 580)

Mr. Trader and the Respondent eventually called paramedics to assist Individual A, but by the time they did do, she had fallen into a coma from which she never recovered. Paramedics treated her at the scene and transported her to Frederick Memorial Hospital where medical staff placed her on life-support. Frederick Memorial sent her to University of Maryland Medical Center in Baltimore. On June 12, 2004, University of Maryland medical personnel determined that she suffered anoxic brain death, so life-support was terminated, and Individual A died.

Dr. Brown stated that his primary belief that Mr. Trader was practicing medicine was that on one hand, he demonstrated behavior consistent with a physician and, on the other hand, demonstrated behavior inconsistent with that of a lay person. He explained that the Respondent's examination of Individual A, his diagnosing her and subsequent treating (with injections of insulin) were consistent with that of a physician. He demonstrated behavior inconsistent with that of a lay person because as he saw Individual A become progressively more sick, he either did nothing—assuming her

problems would resolve themselves—or took it upon himself to act (again, with regard to the administration of insulin). (T. at 501 – 02)

As I noted in subsection II.B.1, above, I find Dr. Brown's unrefuted expert opinion credible. Mr. Trader for the most part acted as if he were a doctor by making his own assessments and then treating Individual A as if she were his patient. His lack of knowledge of Type I diabetes and DKA, however, doomed her because he did not recognize the peril he had placed her in by withholding of food and insulin from her. Although the Respondent was not directly involved in Mr. Trader's activities at this point, I will again emphasize that as the director of Tanglewood, he prescribed and employed water-only fasting as the essential method of "curing" the "patients" that came to the facility. As noted, Mr. Trader followed the Respondent's philosophy to the letter in this regard. Consequently, I agree with the State that by his direction of Mr. Trader's activities as an employer, the Respondent bears responsibility for Mr. Trader's treatment of Individual A when she went into DKA and, thus, he violated section 14-601(a) of the Health Occupations Article in this regard as well.

C. Individual B

Unlike the situation with Individual A, where the Respondent had little direct involvement, the Respondent had personal contact with Individual B during the entire length of her stay at Tanglewood in the fall of 2001. As with Individual A, Individual B learned about Tanglewood Wellness Center from the Internet. She was seeking a cure for Hepatitis C, which both she and her daughter had contracted. Individual B first came upon websites that recommended fasting as a possible cure. Then, she explored

places where she could fast. That is when she came upon the website of Tanglewood Wellness Center.

Individual B went to Tanglewood, then located in Bethesda, Maryland, and spoke with the Respondent. He recommended a regimen of raw food and fasting to help her with her Hepatitis C. At first, Individual B was skeptical about what the Respondent was telling her. Later in her visit, though, she met a client of the Respondent's who identified himself as a medical doctor (whether this individual actually was a doctor cannot be verified, as Individual B did not give his name). Based on her conversations with the doctor-client, she became convinced that raw food consumption and fasting held promise as a cure for her Hepatitis C. She took raw food preparation courses at Tanglewood.

At the Respondent's behest, Individual B began a water-only fast. She started her fast at home for two weeks, and then went to Tanglewood for the next two weeks to continue it.

Individual B described the Respondent as a martinet. She testified that he would not permit clients to substitute juices for water in their fasts. He also did not permit them to take medications or engage in exercising. He wanted all of his clients to remain in bed, except for attending his daily morning meeting. He examined Individual B's tongue daily; he usually remarked that since it had not changed color, she had not fasted sufficiently.

Individual B could not maintain her fast beyond two weeks at Tanglewood. She was sick immediately before she left the facility. She became nauseated, started vomiting and her breath began to smell like acetone. Her father-in-law, who is a

veterinarian, noticed the acetone on her breath when he visited her and indicated to her that this was a bad sign. Additionally, she saw the emaciated appearance of a number of the other clients. She also heard rumors that the Respondent had used his position to engage in a sexual relationship with one of the clients. For all these reasons, Individual B decided it was time to leave Tanglewood. When she indicated to the Respondent that she wanted to leave, the Respondent insisted that she continue her fast, even though she was visibly ill. Nevertheless, Individual B did leave Tanglewood over the Respondent's objections.

Individual B contended that the four weeks in total that she fasted took their toll on her health. She now reports short-term memory problems, which she attributed to the harmful effects of extended fasting.

Dr. Brown reviewed information related to Individual B and, from that review, concluded that the Respondent acted in a way that was consistent with the practice of medicine. Even though it was the "doctor-client" who convinced Individual B to consume raw food and fast, the record will reflect all of the ideas that this "doctor" imparted to Individual B—namely, that fasting would be a way to kill the bacteria, viruses and fungi that were causing her illness—were those shared by the Respondent. His belief in those views are readily apparent in his videotaped presentation given in England in 2001. (St. #4/38) Therefore, according to Dr. Brown, he engaged in the diagnosis and treatment of an illness, which, in turn, constitutes the practice of medicine. Then, while Individual B stayed at Tanglewood, he insisted that she stop taking all medications and adhere faithfully to the water-only fast, which he prescribed

as a cure for her illness. Again, this constituted "treatment" and attempted "healing," which section 14-101 define as attributes of the practice of medicine.

As in the case of Individual A, I agree with Dr. Brown that the Respondent engaged in the practice of medicine in diagnosing and treating Individual B. The treatment consisted of removing all existing medications and supplanting them with water-only fasting. Furthermore, the Respondent's position of authority as Director of Tanglewood enabled him to convince his clients of the efficacy of his regimen when, in fact, as Dr. Brown noted on many occasions during his testimony, it had no real beneficial effect in curing any illness or condition.

D. Individual C.

In the summer of 2001, Individual C, then a 45-year-old systems engineer, was searching for a way to address her chronic weight problems and "food addiction." A friend told her about the Respondent and Tanglewood, and suggested that Tanglewood might be able to help her. Individual C subsequently attended a seminar at Tanglewood, where the Respondent gave a lecture that promoted the benefits of eating raw food, fasting, exercise and healthy living. Over the next several months, Individual C attended additional seminars given by the Respondent at Tanglewood. Each time that Individual C encountered the Respondent, he urged her to participate in a water-only fast, which he viewed as the best way to improve her health. She finally gave in to his advice and signed up for a water-only fast at Tanglewood for one month.

Individual C began her fast one week before Thanksgiving 2001. After two-and-one half weeks, she began getting headaches and became increasingly weak. When Individual C complained about how she was feeling to the Respondent, he dismissed

her complaints and told her that she had to continue fasting so that her body would eliminate toxins. Soon afterward, Individual C needed to go to the bathroom to make a bowel movement. When she evacuated, she became dizzy and fell to the floor; this happened not once but twice. Another client heard Individual C fall and summoned the Respondent. Although visibly bleeding from her nose upper lip and forehead, the Respondent refused to call for an ambulance. He explained that because her eyes were not dilated, she did not need medical attention. Ultimately, Individual C contacted her husband, who came, got her, and took her to Sibley Hospital for treatment.

Like Individual B, Individual C also experienced memory difficulties after fasting at Tanglewood. Individual C's memory deficits were, in fact, so severe, she could not return to work as a systems analyst.

Dr. Brown analyzed materials related to Individual C and again concluded that the Respondent was practicing medicine. He remarked that not only did the Respondent prescribe fasting to as a treatment to assist Individual C with her weight problem, but after she fell while staying at Tanglewood (while in his *care*), he did a trauma assessment to determine whether consultation by "other physicians" was required. (T. at 509) Dr. Brown's testimony is unrefuted and consistent with the evidence of record. Therefore, I find it credible. Hence, I conclude that the Respondent engaged in the unauthorized practice of Medicine with regard to Individual C.

E. Individual D.

Individual D is currently a 78-year-old woman who participated in fasting at Tanglewood on a number of occasions, most recently in May 2005. Individual D had, and has, significant medical problems, including hypothyroid disease, high blood

pressure and coronary artery disease—the latter condition resulting in a heart attack. She has had a coronary angioplasty to address her coronary blockages. Individual D lost considerable weight while fasting, going from 140 lbs. to 95 lbs. She had cognitive issues before participating in the Tanglewood program. After fasting, they became worse. While staying at Tanglewood, the Respondent insisted that Individual D discontinue all medications for the treatment of her thyroid condition, high blood pressure and coronary artery disease.

Based on his review of materials related to Individual D, Dr. Brown similarly concluded that the Respondent was acting like a physician in his interaction with her. He offered cures based on various diagnoses, prescribed a treatment plan, canceled medication prescribed by her physicians and performed medical monitoring. (T. at 512 – 13) Thus, he engaged in the unauthorized practice of medicine in violation of section 14-601(a) with regard to Individual D.

F. Individual E

Individual E is a resident of Manchester, England. Although she did not have any significant medical conditions before participating in fasting at Tanglewood, she did suffer from two minor health problems, eczema and irritable bowel syndrome. On May 13, 2001, Individual E and her partner attended a lecture given by the Respondent in England related to the health benefits of fasting. Individual E spoke with the Respondent briefly after his lecture, and he convinced her that water-only fasting was the key to achieving optimum health. Based on the Respondent's promotion of water-only fasting, Individual E came to the United States to participate in fasting at Tanglewood in Bethesda, Maryland. She began her fast on September 1, 2001 and

remained on it until November 18, 2001. By the time Individual E stopped fasting, she was emaciated and starving. She was weak and had difficulty walking. Her partner came to Tanglewood and “rescued” her before she deteriorated any further. North Manchester Hospital admitted her as a patient once she arrived back in England. Doctors there diagnosed her with the deficiency disease beriberi, which results from the deprivation of Vitamin B₁. (Individual E had herself photographed naked to show how fasting had affected her. Her appearance is skeletal.)

In reviewing materials related to Individual E, Dr. Brown averred that as with his other individuals noted here, he acted physician-like by prescribing a fasting protocol as a treatment plan. He then took responsibility for Individual E’s medical care; his care was poor because even three weeks into Individual E’s fast, a layperson would have recognized that she was in distress and would have obtained medical care for her. (T. at 514 – 17.) Again, I agree with Dr. Brown’s uncontradicted expert opinion, and conclude that the Respondent engaged in the practice of Medicine with respect to Individual E.

G. Individual F.

Individual F is a 47-year-old man with a history of cardiac problems and chronic arteriosclerosis. He has had a quadruple heart bypass, a double heart bypass and five stents inserted into the arteries of his heart to promote proper blood flow. His physicians have prescribed a number of medications for him to treat his cardiac and atherosclerotic conditions.

In 2004, Individual’s F wife died. About two months after her death, Individual F sought to have a “mental-spiritual experience” to help him cope with his grief. A friend

embarking upon a fast there would provide the kind of mental-spiritual experience that he was seeking.

Consequently, Individual F signed up for a two-week stay at Tanglewood, paying \$1,350.00 to the Respondent for the privilege. When he arrived at Tanglewood on June 5, 2004 (the same day as Individual A), co-Respondent Timothy Trader greeted him. Although Individual F explained that he wanted to stay at Tanglewood primarily for emotional and spiritual reasons, Mr. Trader promoted how water-only fasting would address his physiological problems as well. Upon learning that Individual F had cardiac problems and chronic arteriosclerosis, he explained to Individual F that these conditions resulted from toxins accumulating in his body causing the formation of plaque—these “toxins” not only came from the foods that he ate but also from his medications. Mr. Trader, following the Respondent’s protocol, advised Individual F not to take his medications so that the water-only fast could do its job of allowing his body to heal itself. Mr. Trader further explained to Individual F the effects that water fasting could have—strength loss, energy loss, nausea, vomiting, diarrhea and headaches—but these effects were to be expected. As with Individual A, Mr. Trader physically examined Individual F and took his vital signs, which he duly entered onto Individual F’s personal FIF. The physical examination included looking into the retina of Individual F’s eyes, because according to Mr. Trader, the health of the retina told much about one’s well-being. He also looked at his tongue and monitored changes in its color over the three days that Individual F remained at Tanglewood.

On Monday, June 7, 2004, however, Individual F decided his experience at Tanglewood was not what he had expected, and so he left. Mr. Trader encouraged him to stay, but Individual F was adamant that he wanted to leave. He could not obtain a refund of his fee.

As with Individual A, Dr. Brown contended that Mr. Trader acted much like a physician in his interaction with Individual F. Dr. Brown observed, "that offering to heal, contemplating various medical diagnoses, prescribing a treatment plan, implementing the treatment plan, and discontinuing medications prescribed by other physicians, combined with daily evaluations and measurements of blood pressure, are all physician-like behavior and rise to the practice of medicine." (T. at 517)

Again, I agree with Dr. Brown's uncontraverted evaluation of Mr. Trader's Respondent's conduct. Mr. Trader's acts fit well within the statutory definition of the practice of medicine, since it involved healing, diagnosis and treatment. Additionally, not only did Mr. Trader engage in the unlicensed practice of medicine with regard to Individual F, he engaged in the *dangerous* practice of medicine. Individual F left Tanglewood without sustaining any ill effects because of water-only fasting, but he limited his stay to three days. It is unknown how his staying off of his cardiac medications for the two-week period contemplated might have affected him. Given that Mr. Trader worked under the Respondent's framework, I attribute Mr. Trader's activities to the Respondent as well, just as I did so with respect to Individual A.

H. Individual G.

Individual G learned about Tanglewood from a friend. She decided to engage in water-only fasting there based on the claims made by the Respondent. Individual G

began fasting at Tanglewood on December 26, 2001. She left after one week because the Respondent would not turn up the heat. She paid in the range of \$1,500.00 for her stay, which the Respondent would not refund to her. According to Dr. Brown, Individual G maintained that she decided to fast at Tanglewood based on the Respondent's representations that fasting would cure just about every medical condition. (St. #30/26) This statement by Individual G parallels remarks that the Respondent customarily made in his sales presentations, which are preserved for the record on videotape. Similarly, I find the Respondent's activities constitute the unauthorized practice of medicine in violation of section 14-601(a).

I. Respondent's Violations of Section 14-602(a)

As noted above, section 14-602(a) prohibits unauthorized individuals from misrepresenting to the public that they are authorized to practice medicine in this State. Although the Respondent never overtly claimed to be "Dr. Lockman," as noted numerous times above, the Respondent's "description of services, methods, [and] procedures" were consistent with those of a physician in many respects. A reasonable person might falsely conclude that the Respondent was a licensed physician because of the way he promoted fasting as a cure-all for most every known disease.

Additionally, the Respondent did allow his employee, Timothy Scott Trader, to call himself "doctor," even though his supposed "doctorate" is not in medicine but in naturopathy. In *Aitchison v. State*, 204 Md. 538, 544 (1954), *cert. denied*, 348 U.S. 880 (1954), the Court of Appeals held that unlicensed practitioners claiming to be "naturopathic doctors" are not exempt from the licensing requirements applicable to physicians and, therefore, they cannot skirt the law by using the pretext that they are

naturopathic physicians. Consequently, I find the Respondent violated section 14-602(a) of the Health Occupations.

J. Missing Witness Rule

Since the above-noted evidence constitutes *prima facie* evidence of violations of the Medical Practice Act, the Respondent had the burden to refute that evidence. Here, however, the Respondent never testified at the hearing, nor did he present any other witnesses. Based on the Respondent's failure to testify, I am invoking "the missing witness rule" and drawing unfavorable inferences, to the detriment of the Respondent, about what his testimony would have been had he testified. The Maryland Appellate Courts have commented on the missing witness rule as it applies in civil cases (and by extension, in administrative cases) as follows: "where a party fails to take the stand to testify as to facts peculiarly within his knowledge, or fails to produce evidence (e.g., testimony by certain witnesses) the fact finder may infer that the testimony not produced would have been unfavorable to that party. *Chalkley v. Chalkley*, 236 Md. 329, 333, (1964); *Dawson v. Waltemeyer*, 91 Md. 328, 46 A. 994, 996 (1900). In civil cases, the unfavorable inference applies where it would be most natural under the circumstances for a party to speak, or present evidence. *Brooks v. Daley*, 242 Md. 185, 194 (1966)." *Hayes v. State*, 57 Md. App. 489, 495 (1984). Instead of merely attacking the quality of the State's evidence, it would have been natural here for the Respondent to have testified to refute the charges made against him. In light of the State's evidence to the contrary, the Respondent's failure to testify leads me to conclude that he did engage in the activities cited by the State.

IV. Summary

Therefore, I conclude that the Respondent violated section 14-601 of the Health Occupations Article by practicing medicine in Maryland without a valid license and section 14-602(a) "by representing to the public, by description of services, methods, or procedures, or otherwise, that he was authorized to practice medicine" in Maryland without a valid license. As a result of these violations, I find that the Respondent should be subject to civil fines and that the issuance of a public cease and desist order is appropriate.

V. Issuance of a Public Cease and Desist Order

COMAR 10.32.02.06B(2) permits an administrative law judge, at the conclusion of an evidentiary hearing, to recommend that the SBP issue a public cease and desist order against an individual who is not licensed to practice medicine in addition to a recommending a monetary penalty.

Even though the Board already issued a private cease and desist order in August 2004 to prohibit the Respondent from practicing medicine without a license in this State, I find that it is in the public interest that it also issue a public cease and desist order. The Respondent's use of water-only fasting as a supposed cure for a variety of ills at Tanglewood went far beyond his mere promotion of eating certain foods to achieve a healthy lifestyle. The Respondent, in fact, prescribed and promoted water-only fasting for lengthy periods for individuals whose health conditions were harmed or could have been harmed by engaging in such fasting. Individual A died because of the Respondent's failure to perceive the dangers of having a Type-I diabetic participate in a water-only fast and his failure to respond properly when she began exhibiting the clear

symptoms of diabetic ketoacidosis. Individual B went to Tanglewood with the hope that fasting might cure her Hepatitis C. Individual C fasted to remedy chronic weight problems and food addiction. Individual D fasted to address a number of health issues including thyroid and coronary artery disease. Individual E became so convinced that fasting would improve her health she fasted until she developed beriberi. Individual F could have suffered harmful health effects had he continued fasting for the contemplated two-week period without taking his prescribed cardiac medications. Individual G, similarly, placed much hope in water-only fasting because of the Respondent's promotion of it as a miracle cure. Although the Respondent is not currently a resident of this State, there is always the possibility that he may return. If he does return, he should not be able resume the activities that led to the major tragedy that is the primary focus of this case. Therefore, I recommend to SBP that it issue a public cease and desist order prohibiting him from engaging in the practice of medicine in this State.

V. Civil Penalty

Section 14-606(a)(4) of the Health Occupations Article states, "any person who violates § 14-601 of this subtitle is subject to a civil fine of not more than \$50,000 to be levied by the Board [of Physicians]." Md Code Ann., Health Occ. § 14-606(a)(4) (2005). COMAR 10.32.02.06B(3) further provides the following:

(3) Factors in determining the amount of a penalty include, but are not limited to the following:

(a) The extent to which the respondent derived any financial benefit from the improper conduct;

(b) The willfulness of the improper conduct; and

(c) The extent of actual or potential public harm caused by the improper conduct.

(4) Classification of Penalties. Penalties are as follows:

(a) For the first violation, not less than \$1,000 and not more than \$30,000;

(b) For the second violation, not less than \$10,000 and not more than \$40,000; and

(c) For the third violation, not less than \$15,000 and not more than \$50,000.

If each incident is viewed as a separate violation, then the Respondent could be subject to a \$30,000.00 for violating section 14-601 with regard to Individual A and \$40,000.00 for violating section 14-601 with regard to Individual B and \$50,000.00 each with regard to Individuals C, D, E, F and G for a total of \$320,000.00. I find the Respondent's conduct so egregious that I am recommending the imposition of this maximum penalty under the above-noted interpretation of COMAR 10.32.02.06B(4).

Using the criteria outlined in COMAR 10.32.02.06B(3)(a) – (c) to determine the amount of the penalt(ies) that should be imposed, I find that the record lacks any specific information concerning how the Respondent profited from his activities at Tanglewood. In any event, clients of Tanglewood paid significant fees to stay at the facility, so I conclude that the Respondent intended to profit from his operation of Tanglewood.¹⁰ With respect to the willfulness of the Respondent's violations, I find that they, in fact, were willful. The Respondent knew or should have known he needed a license to practice medicine to engage in the kind of activities that he engaged in at

¹⁰ To reiterate, the Respondent did not appear at the hearing to clarify matters such as how he profited from his operation of Tanglewood, so on that basis I will again draw a negative inference.

Tanglewood. Earlier in this discussion, I outlined how the Respondent's conduct resulted in harm and I will not repeat those findings here.

Although the statutory scheme does not provide for a civil fine for violations of sections other than section 14-601, I have considered the Respondent's violations of section 14-602(a) in recommending a penalty. Those violations have tacitly figured in my above-stated analysis.

CONCLUSIONS OF LAW

Based upon the foregoing Findings of Fact and Discussion, I conclude, as a matter of law,

1. The Respondent violated section 14-601 of the Health Occupations Article by engaging in the practice of medicine in this state without a license.
2. The Respondent violated section 14-602(a) of the Health Occupations Article by representing to the public, by description of services, methods, or procedures, or otherwise, that the he was authorized to practice medicine in this State when he was not so licensed.
3. The Respondent's misconduct of practicing medicine warrants the issuance of a Public Cease and Desist Order because of the egregiousness of his misconduct. COMAR 10.32.02.06B(2).
4. The Respondent's misconduct warrants the imposition of a monetary penalty. Section 14-606(a)(4) of the Health Occupations Article; COMAR 10.32.02.06B(3).

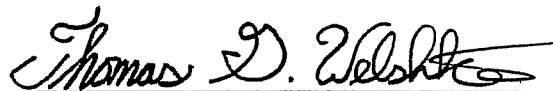
PROPOSED DISPOSITION

I **PROPOSE** that the charges filed by the State Board of Physicians against the Respondent, Loren Eric Lockman, on December 30, 2005 against the Respondent for violating sections 14-601(a) and 14-602(a) of the Health Occupations Article be **UPHELD**; and I further,

PROPOSE that the State Board of Physicians issue a Public Cease and Desist Order to prevent the Respondent, Loren Eric Lockman, from practicing medicine in State; and I further,

PROPOSE that the State Board of Physicians impose a civil fine of \$320,000.00 against the Respondent, Loren Eric Lockman, for seven separate violations of section 14-601(a) of the Health Occupations Article.

October 11, 2006
Date


Thomas G. Welshko
Administrative Law Judge

NOTICE OF RIGHT TO FILE EXCEPTIONS

Any party may file exceptions, in writing, to this Proposed Decision with the State Board of Physicians within fifteen (15) days of receipt of the decision, in accordance with Md. Code Ann., State Gov't § 10-216 (2004) and COMAR 10.32.02.03F. The Office of Administrative Hearings is not a party to any review process.

STATE BOARD OF PHYSICIANS

v.

LOREN ERIC LOCKMAN,

AN UNLICENSED INDIVIDUAL,

RESPONDENT

* BEFORE THOMAS G. WELSHKO,

* AN ADMINISTRATIVE LAW JUDGE

* OF THE MARYLAND OFFICE

* OF ADMINISTRATIVE HEARINGS

* OAH No. DHMH-SPB-79-06-11829

* SBP No. 2005-0028

*

* * * * *

FILE EXHIBIT LIST

State's Exhibits:

Exhibit No.	Date	Description
1/41	March 27, 2006	<i>Curriculum Vitae</i> of David R. Brown, M.D.
2/39	August 16, 2004	Dr. Brown's letter regarding his opinion
3/40	November 8, 2004	Dr. Brown's follow-up letter
4/38	2001	Loren Lockman videotape
5/1	July 12, 2004	Cover letter and Complaint
6/2	August 4, 2004	Interview form re Individual A's mother
7/3	August 5, 2004	Interview form for Individual A's uncle
8/4	August 18, 2004	A – E. Attachments regarding Individual A's first contacts with Tanglewood
9/5	August 25, 2005	SBP's Cease and Desist Order issued to Respondent

Exhibit No.	Date	Description
10/6	2004	A – O, Sheriff's Office Investigation
11/7	June 10, 2004	Transcript of 911 Tape
12/8	June 2004	Autopsy Report and reports regarding neuropathology with respect to Individual A
13/9	August 2, 2004	Records of Frederick Memorial Hospital regarding Individual A
14/10	August 6, 2004	Records of University of Maryland Medical Center regarding Individual A
15/11	August 16, 2004	Individual A's Medical Records from her personal physician
16/12	August 16, 2004	Records from Dr. June Breiner, another one of Individual A's doctor
17/13	January 23, 2002	(Lockman only) Report of Ruth Ann Arty regarding Individual B
18/14	2002	(Lockman only) Individual B's e-mails
19/15	May 20, 2005	Interview of D.B.
20/16	April 19, 2005	Subpoena <i>Duces Tecum</i> with attachment
21/17	August 2004	Blog/e-mails regarding Lockman
22/18	May 17, 2005	Lockman's notice about his relocation of Tanglewood to Panama
23/19	May 19, 2005	Telephone Interview, attorney with niece of D.B.
24/20	May 19, 2005	"The Tanglewood Diet"
25/22	2004 -05	Copies of subpoenas regarding Trader and Lockman

Exhibit No.	Date	Description
26/21	May 25, 2005	Investigation Report of Ruth Ann Arty
27/23	May 27, 2003	(Lockman only) E-mails from the Tanglewood Group
28/24	June 2, 2005	(Lockman only) Ruth Ann Arty's interview with Individual C
29/25	Jan. 2001 – Dec. 2001	(Lockman only) Tanglewood residents' list
30/26	June 9, 2005	(Lockman only) Ruth Ann Arty's telephone interview with Individual G
31/27	March 2005	(Lockman only) Individual E documents and photographs
32/28	June 10, 2005	(Lockman only) Transcript of Interview with Individual E
33/29	2001 – 05	(Lockman only) Medical records for Individual C and other items
34/30	June 13, 2005	(Lockman only) Interview with "L.C."
35/31	June 15, 2005	(Lockman only) E-mails from Nurse N.H.
36/32	June 16, 2005	Property search
37/33	June 30, 2005	Transcript of Show Cause Hearing
38/34	February 9, 2006	(Lockman only) Driving record for Loren Lockman
39/35	April 18, 2005	Ruth Ann Arty's interview of Wille
40/36	March 28, 2006	(Lockman only) Tanglewood website materials
41/37	March 17, 2006	(Lockman only) Memorandum to file and receipts

Exhibit No.	Date	Description
42	May 23, 2006	Funsch information regarding Trader
43	Undated	Website of "Dr. Trader"
44	2004	Tanglewood Information
45	Undated	Recent Advertisement by the Respondent Trader
46 ¹¹	August 8, 2006	Affidavit of Individual E

Respondent Trader's Exhibits:

Exhibit No.	Date	Description
1	Undated	Physician's Desk Reference report regarding the drug Accutane
2	Undated	Hagg information
3	Undated	Tanglewood list
4	October 16, 1995	Certificate issued to the Respondent by the American Naturopathic Medical Certification and Accreditation Board

¹¹ I did not identify this document in the *Trader* decision, because it relates solely to the Respondent in this case. This exhibit was a post-hearing submission; in her affidavit, Individual E does not supply any new evidence, but rather attests to the truthfulness of evidence already in the record.

MAILING LIST:

Loren Eric Lockman
6135 Mountaindale Road
Thurmont, Maryland 21788

Janet Klein Brown, Esquire
Assistant Attorney General
Office of the Attorney General
300 W. Preston Street, Suite 302
Baltimore, Maryland 21201

Barbara K. Vona, Chief of Compliance
State Board of Physicians
4201 Patterson Avenue
Baltimore, Maryland 21215

Irving Pinder, Executive Director
State Board of Physicians
4201 Patterson Avenue, 3rd Floor
Baltimore, Maryland 21215

Sylvia Morgan, Paralegal
Office of the Attorney General
300 W. Preston Street
Suite 207
Baltimore, Maryland 21201

Harry C. Knipp, M.D., FACR, Chairman
State Board of Physicians
Metro Executive Plaza
4201 Patterson Avenue, Third Floor
Baltimore, Maryland 21215

Timothy J. Paulus, Deputy Counsel
Department of Health & Mental Hygiene
Office of the Attorney General
300 W. Preston Street, 3rd Floor
Baltimore, Maryland 21201