



Thyrodine Test Results

PATIENT: *M X*
GENDER: *Female*
Patient Date of Birth: *16.3.88*

Sample Report

Referring Practitioner: *Natural Health*
Clinic Name: *Prac Xr Health*

Specimen	Test Results	Normal Values
Urine (indicates iodine sufficiency levels)	2.35 PPM	10 – 12 PPM
Saliva (indicates interstitial iodine levels)	0.69 PPM	20 – 24 PPM

* The ideal ratio of urine to saliva should be 1:2 (urine to saliva 12 to 24 PPM)

The Thyrodine Iodide Quantitative Fluid Analyzer is an FDA approved instrument that precisely measures iodide concentrations in body fluids with 99% accuracy. The laboratory measurement can be used to measure iodine in body fluids for many physiological purposes and has significance depending on the application. The analyzer will very accurately report the parameters of Iodine in saliva as an indirect measurement of the interstitial iodine concentration level and Iodine in urine as an indicator of the body iodine sufficiency.

Date Sample Collected: 18.2.13
Date Sample Received: 19.2.13
Date Test Completed: 20.2.13

Nutrisearch takes all reasonable steps to ensure these results are accurate. However they should not be relied on solely in regards to supplementation and treatment of iodine deficiencies or surplus. Nutrisearch makes no claims as to the diagnostic or therapeutic use of this test or other informational materials. Nutrisearch is not responsible or liable for misuse or misinterpretation of the information provided, or any diagnoses or healthcare changes initiated by a patient or a healthcare practitioner based on the content of Nutrisearch informational materials



Iodine/Iodide Dosing Guidelines:

**The guidelines below come from Dr David Brownstein's book
"IODINE WHY YOU NEED IT, WHY YOU CAN'T LIVE WITHOUT IT" 4th ed**

The optimal daily dosage of Iodine/Iodide is between 12.5 mgs and 50 mgs. Iodine is stored in the body, and it can take nearly a year or (more taking) 12.5 mgs per day to get the body's levels up to sufficiency.

Dr Brownstein suggests the following: Starting at 12.5 mgs/day for week one, titrating to 25 mgs/day for week two, titrating to 37.5mgs / day for week three, then titrating to 50 mgs/day for up to 3 months, or when the patient's Iodine level equilibrates (reaches the normal range), then step down to 37.5 mgs / day for a week then 25mgs / day for the balance of the time.

Note that TSH will increase, but once again TSH is not a good indicator of Thyroid function.

Fibrocystic breast disease, breast lumps, cancer and prostate cancer, according to Dr. Brownstein, a person with breast / prostate disease, whose iodine is low, should be stepped up to 50 mgs per day for three months.

The autoimmune inflammation response to iodine/iodide deficiency may result in Hashimoto's and Graves' disease, as discussed by Dr. Brownstein.

Brownstein believes, that the rise in Hasimotos and Graves disease is attributed to Iodine deficiency. With Hasimotos and Graves adequate iodine/iodide must be administered to saturate and iodinate the lipids. As suggested above for breast disease, the patient may have to be titrated up to 50mgs/day.

It is important to note that along with the Iodine/iodide it may be necessary to address the co-factors Vitamins B2 (riboflavin) and B3 (niacin). According to Dr. G Abraham, 100mgs of B2 and 500 mgs of B3 twice a day will stimulate ATP output. In the management of your patients vitamin C and magnesium are also essential. Selenium is also required in trace amounts.

Once your patient is within the normal range the maintenance dose recommended is 12.5mgs per day. The Iodine/Iodide should be taken on an empty stomach, at least 4 hours away from any thyroid medications, usually just before the midday meal or the evening meal.

Finally, the major toxic halides that prevents Iodine/Iodide uptake are Bromine, Chloride & Fluoride, unrefined sea salt (Celtic Salt, can help in the reduction of Bromide), check with your patients for intake of these halides.

The treatments recommended above, are only guidelines, It is your responsibility as a physician to properly monitor your patient with adequate clinical and laboratory screening and management, to achieve your goals with your patient as a skilled practitioner. The above information is a guideline only and no other course of action, whether written or oral is expressed or implied. The interpretation of the data given by the above is the responsibility of you as the practitioner and your practice protocols. Nitek Inc. is not responsible for any erroneous diagnosis or therapy by the practitioner or clinic.