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edits 4/17/2024 11p

Dear _____,

We have been working for years on your various conditions and have reached a place where your upper gut/stomach and/or mouth are an important part of the puzzle. We have pretty much exhausted the safer nutrients, herbs, remedies and pharmaceuticals that are available.

I believe that in part you have a chronic problem with the gastric mucosa or the stomach lining. This complex layer is supposed to produce acid to help with absorption of minerals as well as activating the enzymes that digest proteins and other complex molecules. It must do this without the acid damaging the mucosa itself. There are many factors that can cause, exacerbate, or perpetuate a problem with this mucosa which we have discussed and are also covered at cohlife.org/stomach-acid.

If the beginning of digestion does not work properly, then the contents that reach the small and large intestines, and that signals the gallbladder, pancreas, vagus nerve and immune system have an incorrect balance. This root-cause imbalance can lead to a variety of symptoms that we label reflux, pain, spasm, gallbladder and pancreatic dysfunctions, malabsorption, leaky gut, sibo, chronic diarrhea, chronic constipation, food intolerances and allergy, autoimmune conditions, and immune, neurological and hormonal dysfunction (just to name a few!)

As you know, I have been doing extensive research and work with minerals for over 20 years, and have included iodine in that focus since approximately 2007. I have documented my discoveries, ideas and formulations at cohlife.org/iodine and cohlife.org/ckis. You have already had several conventional and private tests done, including those to clarify your essential and toxic mineral status, including iodine.

The stomach is supposed to secrete iodine into its gastric juice. I believe my new formulation of iodine, called CKIS-Gastro, can supplement the gastric juices in a way that may promote the production of acid and defend against organisms such as H. pylori and Candida albicans This nutritional iodine can also support other functions involving the hormonal, immune and nervous system directly and indirectly. It is the only iodine product that uses sodium to balance out the potassium that is in the other major ingestible forms of

iodine (Lugols and SSKI). The enclosed Consent and Request covers the HDIP (High Dose Iodine Program) in great detail for safety purposes. The goals of this Program, as is true for our Holistic Programs, is 1) Keep you save (do no harm), 2) Keep your Holistic Partners (the practice) safe, 3) Keep you functional, and 4) Get results. Results are defined by the goals we set in the first visit and review and update as indicated. These results can look like relief of pain, improved sleep and energy, improved cognitive and emotional function, and even moreso the improvement of quality of life that allows for satisfactory activities, connection, balance and sustainable longevity. Improved gut function and nutritional staus,

Please review this letter, the enclosed consent, and the relevant pages at cohlife.org in preparation for our next visit. There is <u>no</u> pressure to participate.

I look forward to reviewing this information with you at our next visit.

Sincerely,



HIGH DOSE IODINE PROGRAM

Request and Consent Date: _____



After our extensive evaluations and discussions, we invite you to participate in this **HIGH DOSE IDDINE PHOGHAM** ("HDIP"). The HDIP is a treatment approach formulated by Dr. Cheikin ("Physican") based on over ten years of experience utilizing iodine therapeutically, as well as extensive reviews of the last 200 years that lodine has been used. Protocols that are used by holistic medicine to evaluate and treat certain conditions are not the same as those offered by conventional medicine, called the "standard of care". As long as you know the Risks, Benefits and Alternatives (RBA) of a proposed treatment, you can be treated outside the "standard of care" by a licensed physician using approved agents. This document is an Addendum to the General and Holistic Policies and Procedures document(s) that you have already signed (and should review). By signing this Request and Consent you agree that you have reviewed the materials at <u>cohlife.org/iodine</u> and are satisfied that you have had sufficient information and time to make this informed decision. No claims or guarantees of outcome have been made orally or in written form.

Definition of HDIP, Sample Iodine Dose Ranges.

- While the RDA for lodine for adults is 0.150 mg, there remain indications for 100 to 1000 mg or more per day.
- <u>The HDIP is defined</u> as a clinical protocol that uses nutritional iodine in doses over 200% of the RDA, or 0.300 mg per day.

Conditions that may respond favorably include:

- Thyroid diseases
- Fibrocystic Breast Disease
- Prostate conditions
- Certain cancers
- Chronic and/or recurrent infections of the sinuses, mouth, urinary and GI tracts, skin, and other areas.
- Immune system dysfunctions including some autoimmune diseases
- Hormonal dysfunctions
- Toxicity with Fluoride, Bromide, Mercury, as well as other agents such as endocrine-disrupting chemicals (EDC's)

Potential Benefits of the HDIP:

- Slowed rate of progression of certain conditions;
- Improvements or reversal of certain conditions;
- Less side-effects compared to conventional treatment(s).

Potential risks of this program:

- Failure of the certain conditions to respond to treatment(s)
- Cost of testing and treatment
- Known and unknown and/or unpredictable interactions between HDIP and conventional treatments (past, present, future).
- Known and unknown and unpredictable interactions between your individual characteristics and the treatment(s) provided.
- Side-effects, Illness and/or death due to the treatment(s) and/or progression of certain conditions, <u>which can</u> include (but are not limited to) exacerbation of Hashimotos, Graves, thyroid cancer and thyroid storm.

Alternatives to this program:

- "Conventional" treatments for conditions which may include pharmaceuticals, chemotherapy, surgery, immunotherapy and irradiation.
- Other "alternative programs".

Contraindications for participating

- Active or Pending Treatment(s) by other practitioners that may interfere with the protocols
- Inability to implement diagnostic and treatment protocol(s)

which are essential for safety or efficacy, which include but are not limited to dietary and lifestyle changes, supplements, medications, food plans and procedures.

- Insufficient resources to support protocol requirements, including time, energy, finances, willpower, and the support of family, friends and employer as applicable.
- Inability to follow-up with medical visits and/or labs

Requirements for the "Active" Phase of this Program:

- Adherence to a highly structured protocol for at least six months (and which may include pre-existing therapies);
- Lab testing every 2-8 weeks until "stable" as determined by the Physician and documented on the visit summary
- Medical visits every 1-8 weeks until "stable" as determined by the Physician and documented on the visit summary
- Regular communication with Physician's office at a schedule set by the Physician (Staff-Follow-Up Protocol)
- Relationship with primary care Physician (and/or specialist serving such role) for emergencies and to enable continuity upon completion of the program.
- Allow Dr. Cheikin and his assigns to utilize and publish clinical data as long as no PHI is revealed (see HIPAA), for purposes such as medical articles and CQI.
- Willing to amend procedures and documents as reasonably necessary to ensure safety and quality.

Requirements of the "Maintenance" Phase:

- Regular medical visits and lab testing every 3-6 months, as agreed and documented in your visit note(s);
- If not "stable" as determined by the Physician, return to "Active" Phase or Discharge to others' care

Discharge

- You agree that upon discharge from this HDIP you will continue care with your Primary Care or other designated (licensed) Practitioner.
- You may terminate this program at any time by direct verbal communication with the Physician or certified letter. Email communications may <u>not</u> be used.

Discharge by Physician will occur when you

- Accept treatment(s) by other practitioner(s) or agencies without advance agreement in writing;
- Fail to follow visit or treatment protocol(s) which, in the sole opinion of the Physician renders the treatment ineffective or unsafe (including due to resource issues);
- Achievement of goals or reach a plateau that no longer warrants participation in the Program.

I have thoroughly reviewed the HDIP and I am convinced that for my personal health, the benefits outweigh the risks and alternatives. I therefore request and consent to participate in the program. In consideration of my being able to participate in this program, I agree to release all liability and to indemnify Michael Cheikin MD, Wyndmoor Rehabilitation Associates PC, and their respective affiliated companies, their officers, directors, shareholders and agents and their successors and assigns, from and against all claims, actions, judgments, cost, expenses, and demand with respect to injury, loss, death or damage to my person or property in connection with my taking part in the above stated program. To the extent that this program meets the criteria for "compassionate care" I also request such care. I agree that this release is to be binding on myself, my heirs, executor, administrators and assigns. In the event of legal action, the prevailing party shall be entitled to recover attorney's fees and court costs from the other party. I certify that I have read the above and understand it. Intending to be legally bound hereby, I make this agreement.

Patient's signature

Date

Witness