

Casual Friday Series

Functional Takes on Thyroid Disease and Patterns

Part 3

A Biogenetix Clinical Presentation

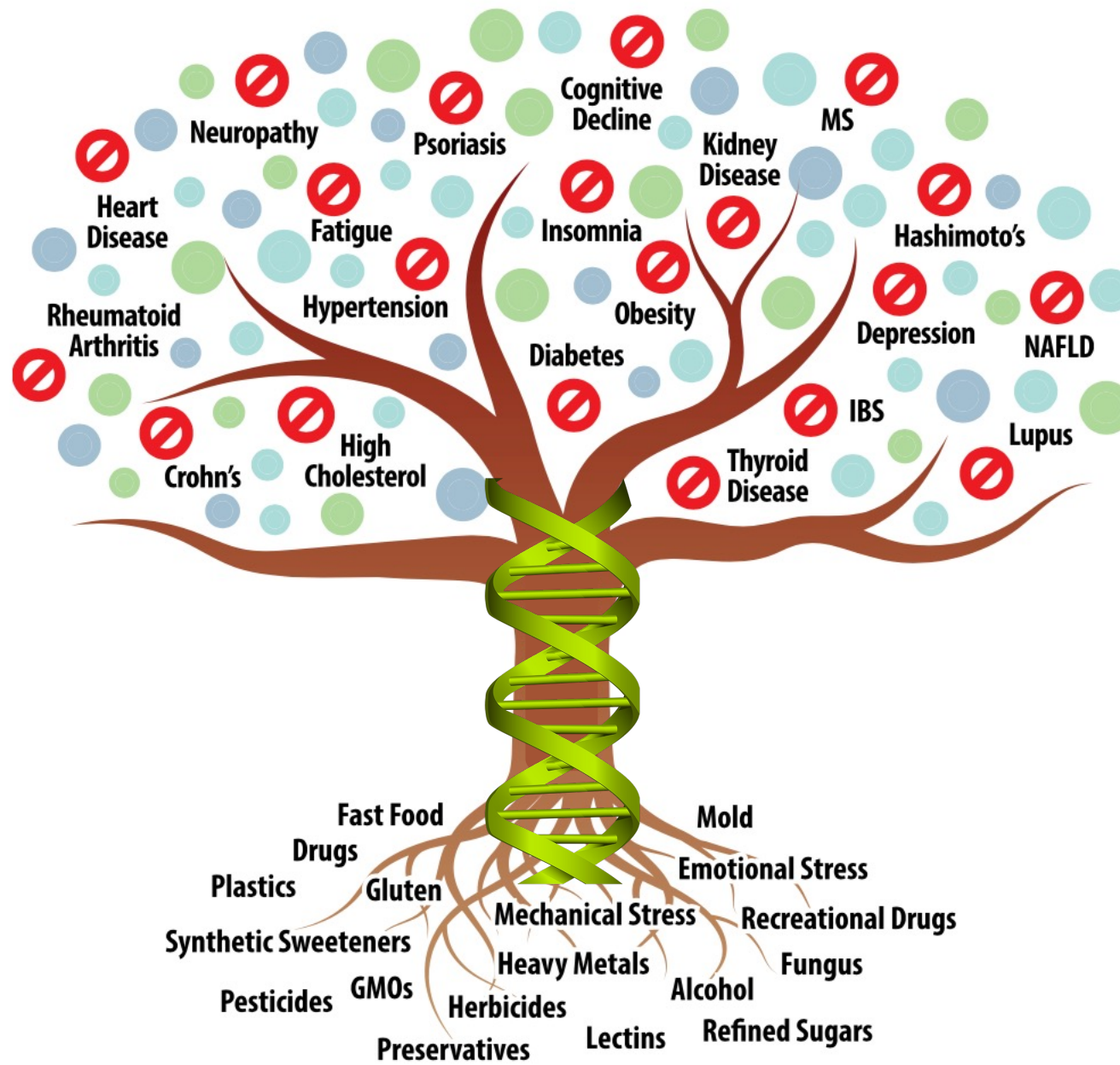
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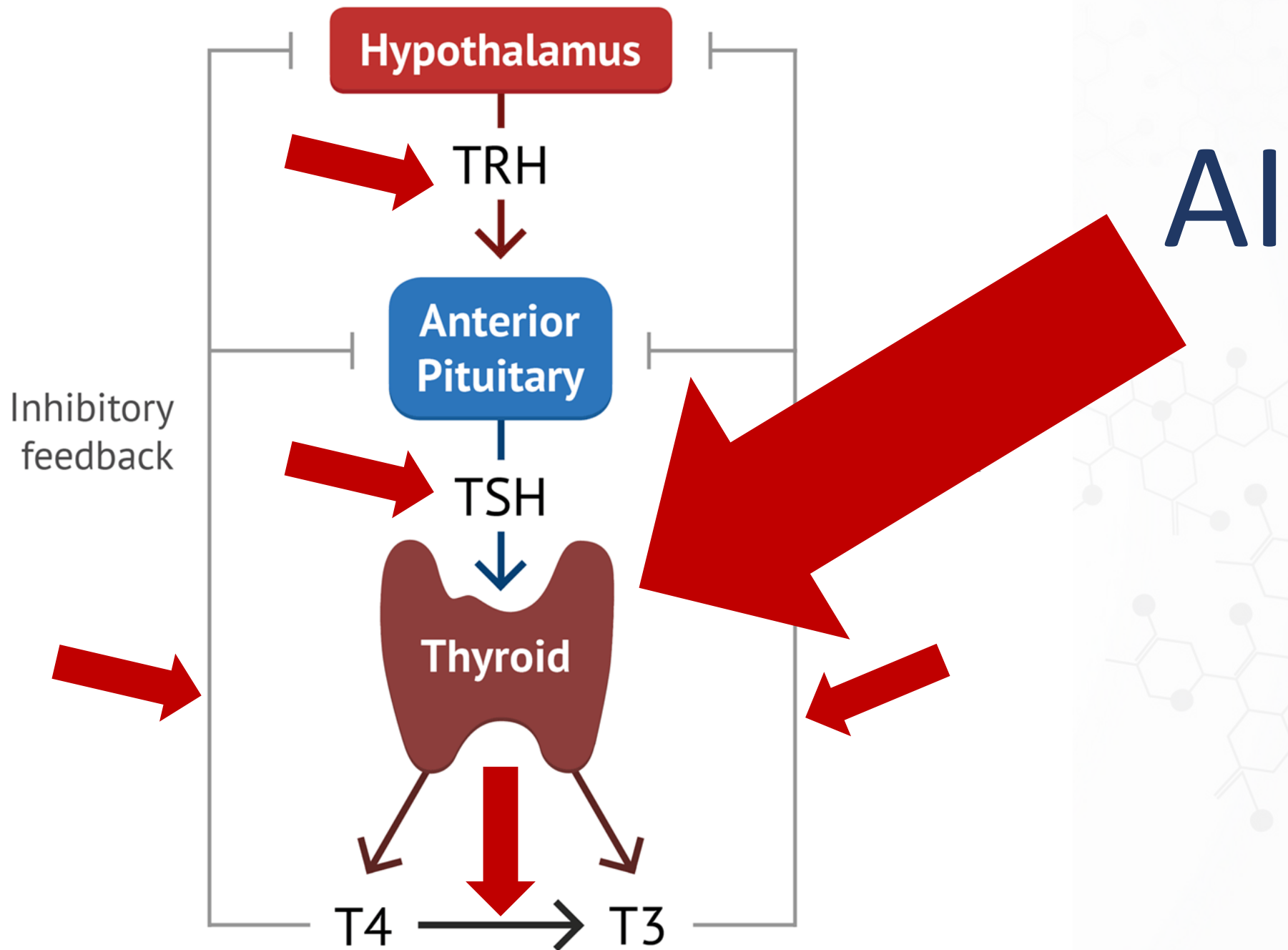


Disclaimer

- *Information in this presentation is not intended, in itself, to diagnose, treat, reverse, cure, or prevent any disease. While this presentation is based on medical literature, findings, and text, The following statements have not been evaluated by the FDA.*
- *The information provided in this presentation is for your consideration only as a practicing health care provider. Ultimately you are responsible for exercising professional judgment in the care of your own patients.*







Basic Thyroid Markers

	<u>Pathological</u>	<u>Functional</u>
Thyroid Stimulating Hormone	.45-4.5 uIU/mL	1.8-3.0 uIU/mL
Total T4	4.5-12 ug/dL	6-12 ug/dL
Total T3	71-180 ng/dL	100-180 ng/dL
Reverse T3	9.2-24.1 ng/dL	9.2-24.1 ng/dL
T3 Uptake	24-39 %	28-38 %
Thyroid Binding Globulin (TBG)	13-39 ug/mL	13-39 ug/mL



Pathological Patterns



1

Primary Hypothyroidism

TSH	↑
Total T4	↓/WNL
Total T3	↓/WNL
Reverse T3	↓/↑/WNL
T3 Uptake	↓/WNL
TBG	↓



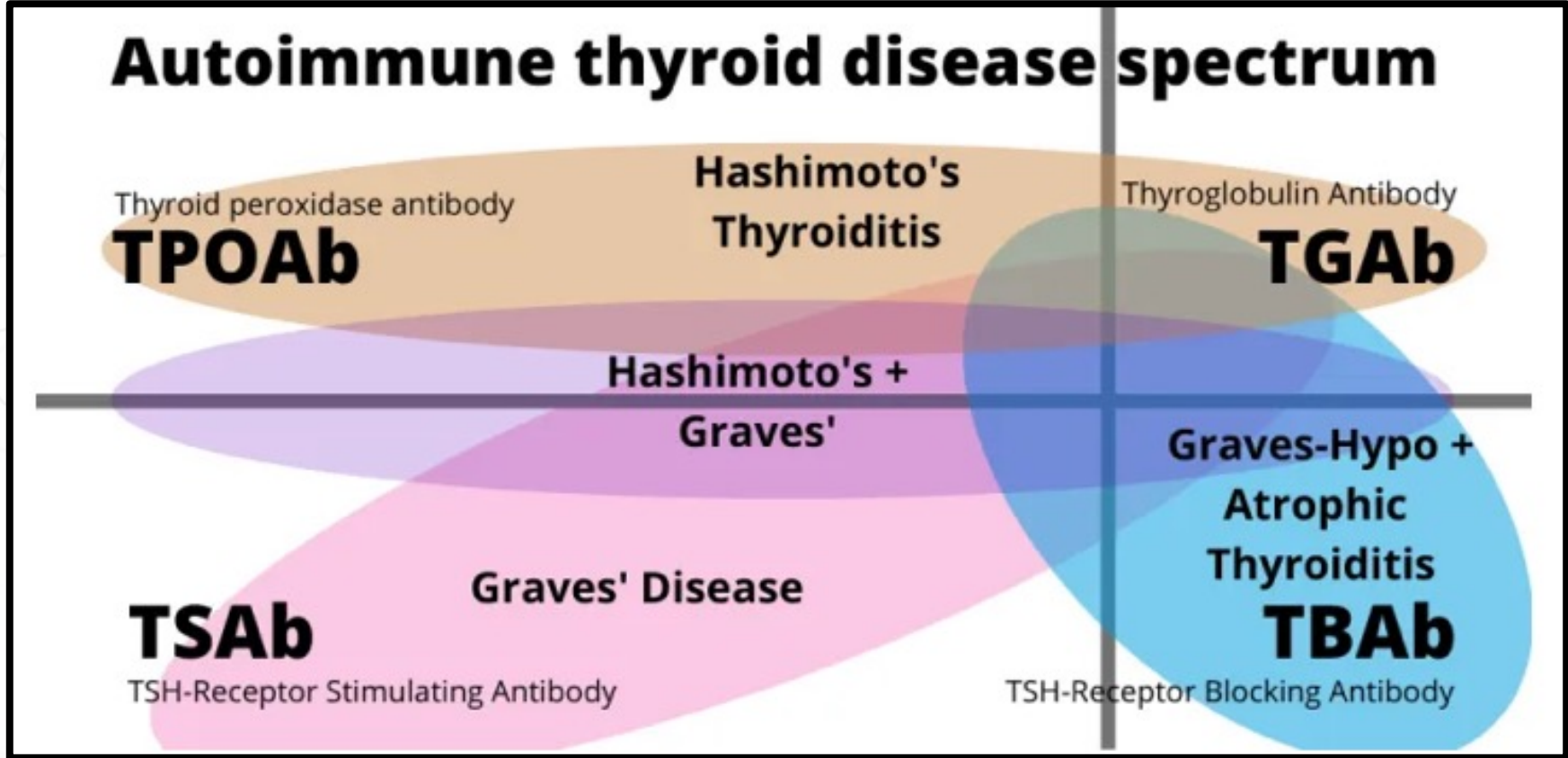
Primary Hyperthyroidism

TSH	↓
Total T4	↑/WNL
Total T3	↑/WNL
Reverse T3	↓/↑/WNL
T3 Uptake	↑/WNL
TBG	



Autoimmune Workup





The role of the immune system and cytokines involved in the pathogenesis of autoimmune thyroid disease (AITD)

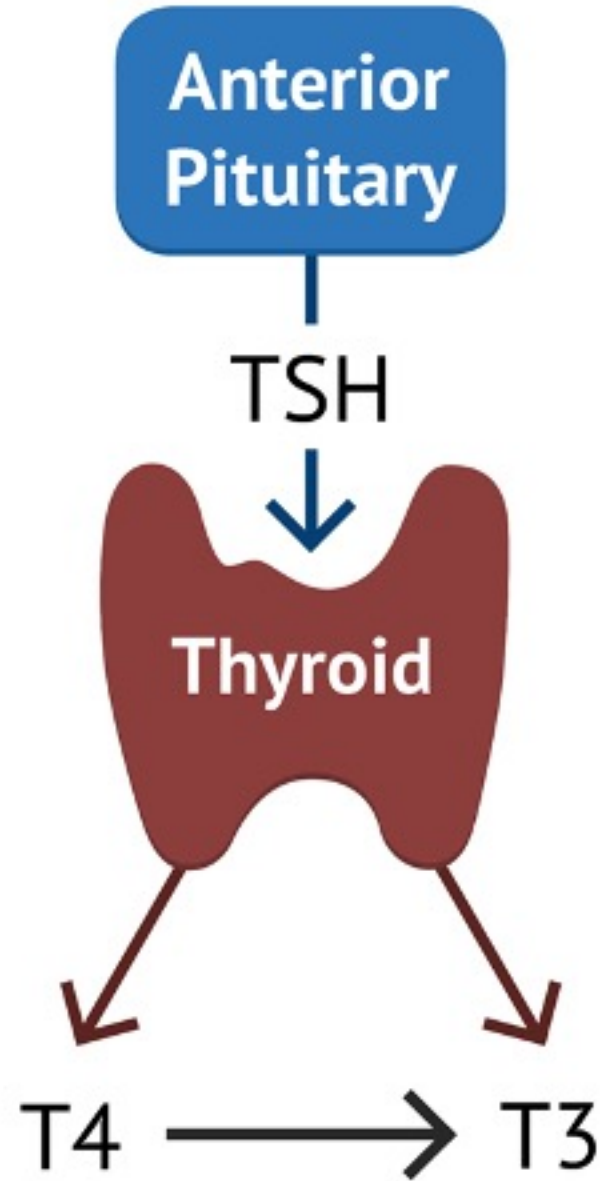
Hanna Mikoś, Marcin Mikoś, Monika Obara-Moszyńska, Marek Niedziela ¹

Affiliations + expand

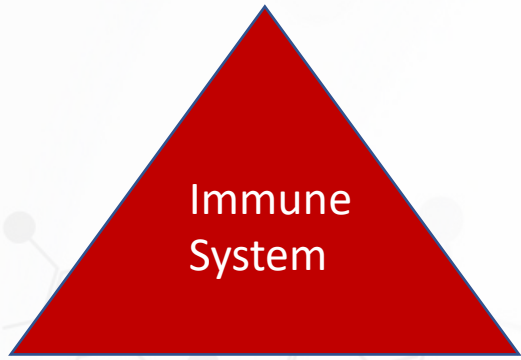
PMID: 24802739 DOI: [10.5603/EP.2014.0021](https://doi.org/10.5603/EP.2014.0021)

Autoimmune thyroid disease (AITD) is the most common organ-specific autoimmune disorder. AITD development occurs due to loss of immune tolerance and reactivity to thyroid autoantigens: thyroid peroxidase (TPO), thyroglobulin (TG) and thyroid stimulating hormone receptor (TSHR). This leads to infiltration of the gland by T cells and B cells that produce antibodies specific for clinical manifestations of hyperthyroidism in Graves' disease (GD) and chronic autoimmune thyroiditis (cAIT). In addition, T cells in Hashimoto's thyroiditis induce apoptosis in thyroid follicular cells, leading ultimately to the destruction of the gland. Cytokines are involved in the pathogenesis of thyroid diseases working in both the immune system and directly targeting the thyroid follicular cells. They are involved in the induction and effector phase of the immune response and





TSH: **WNL**

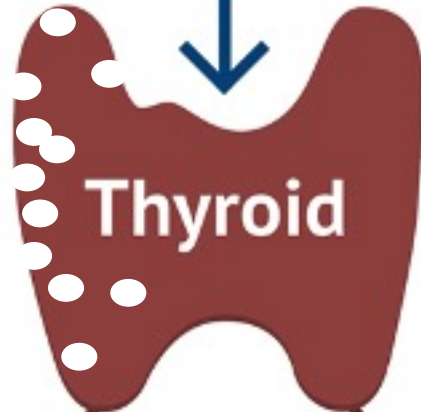


- Lifestyle + Genetics:
- Mercury
- Mold
- LPS
- Blood Sugar Balance
- Inflammation
- Total Tox Panel



Anterior Pituitary

TSH



Thyroid

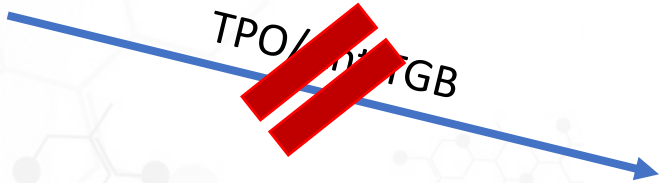
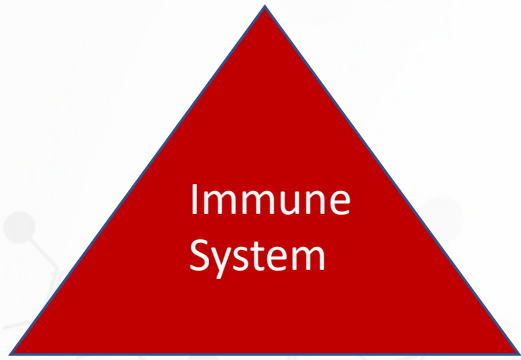
T3 T4 T3
T3 T4 T4
T3 T4 T4

T4 → T3



TSH

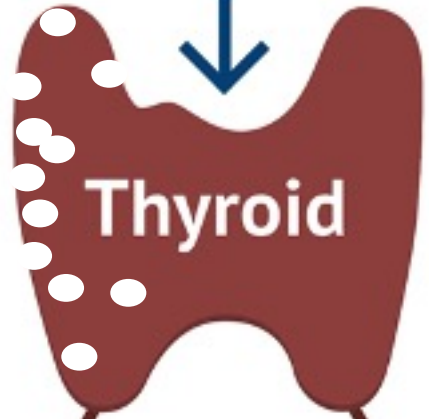




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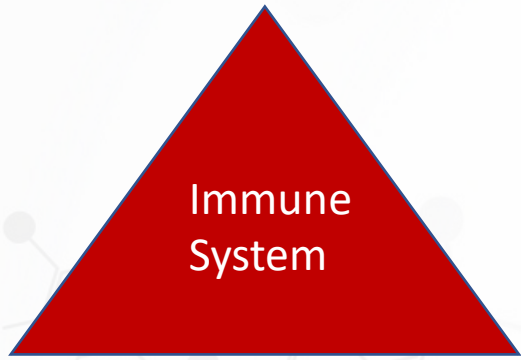


TSH



Thyroid



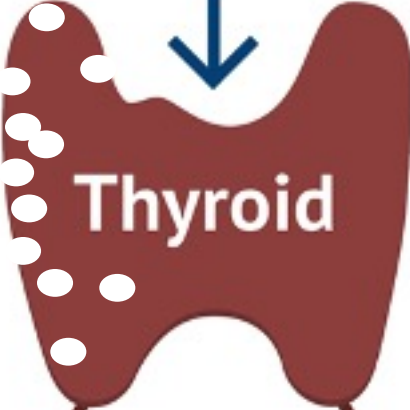


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Anterior Pituitary

TSH



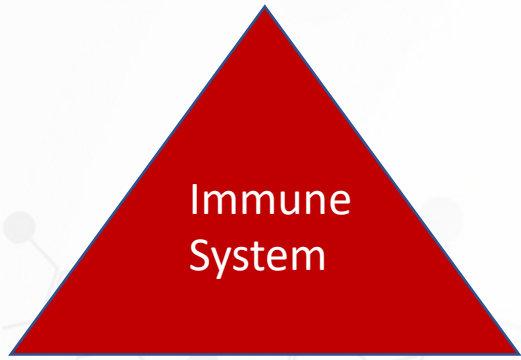
Thyroid



T4 → T3

.75 mcg Levothyroxine

≡ TSH WNL

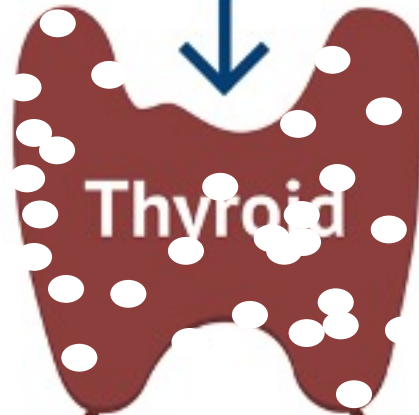


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Anterior Pituitary

TSH



Thyroid

T3 T4 T3
T3 T4 T4
T3 T4 T4

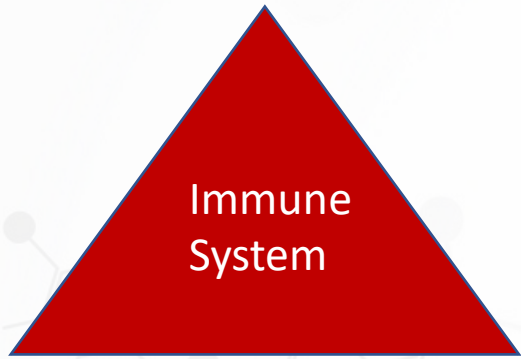
T4 → T3

.75 mcg Levothyroxine



TSH



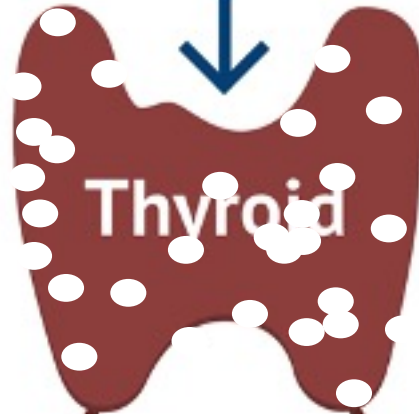


- Lifestyle + Genetics:
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Anterior Pituitary

TSH



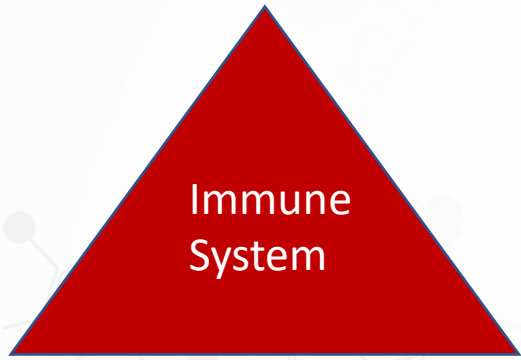
Thyroid

T3 T4 T3
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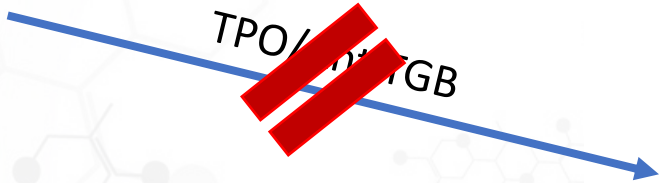
T4 → T3

.50 mcg Levothyroxine

≡ TSH WNL

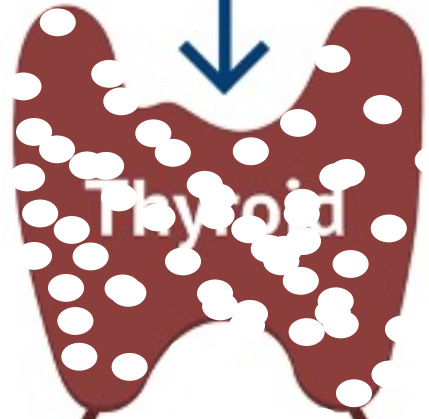


- Lifestyle + Genetics:
- Mercury
- Mold
- LPS
- Blood Sugar Balance
- Inflammation
- Total Tox Panel



Anterior Pituitary

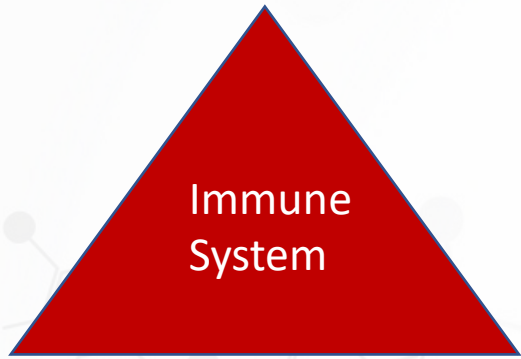
TSH



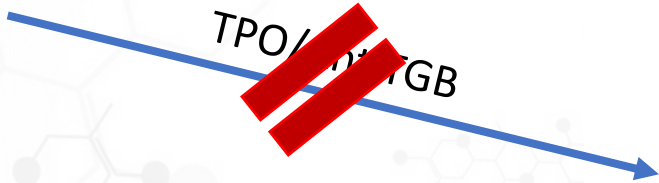
T4 → T3

.50 mcg Levothyroxine



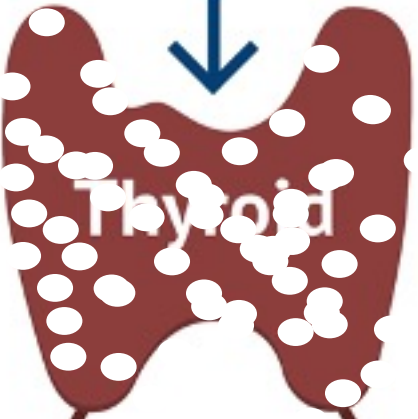


- Lifestyle + Genetics:
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- Mold
- LPS
- Blood Sugar Balance
- Inflammation
- Total Tox Panel



Anterior Pituitary

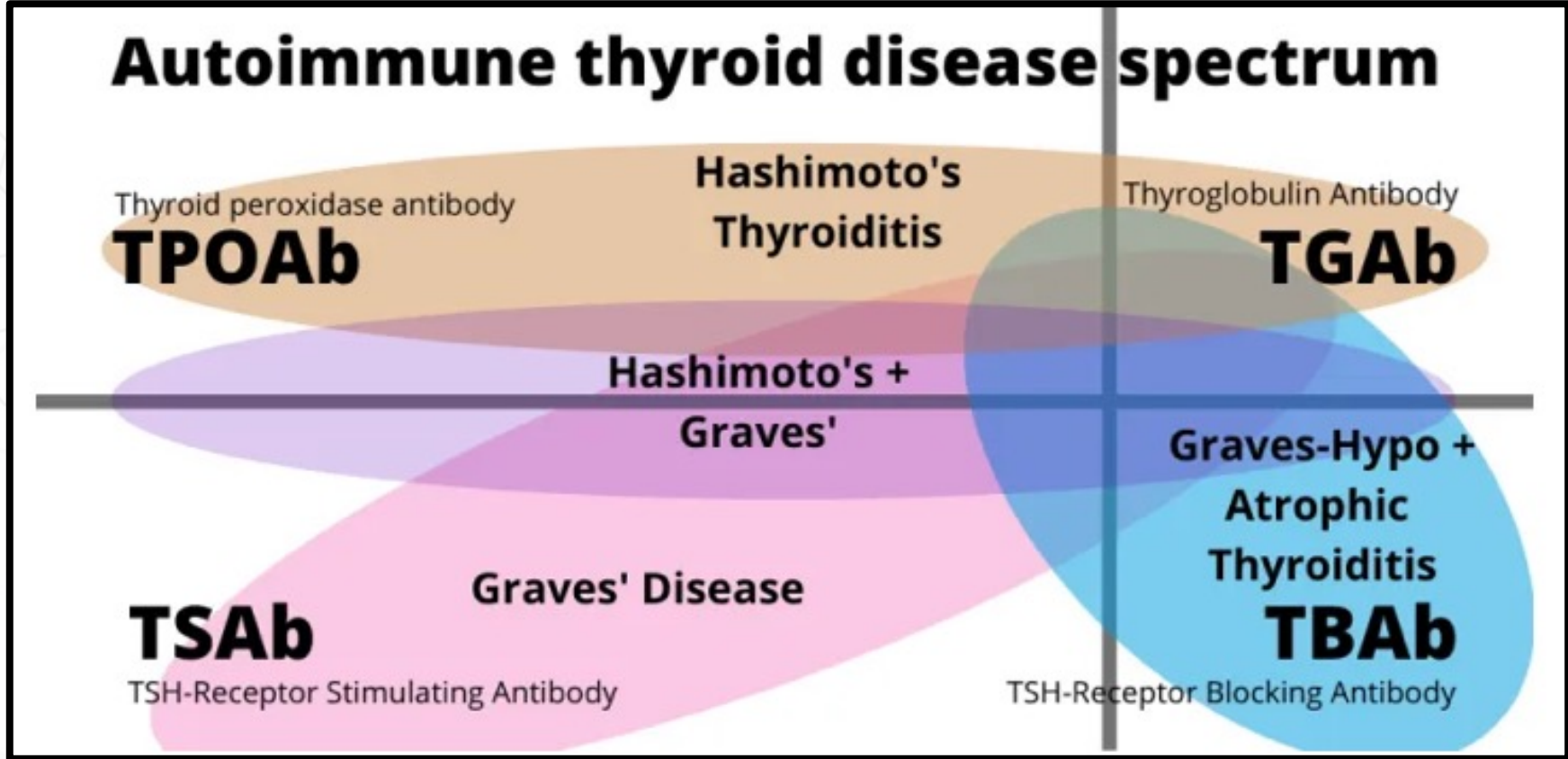
TSH



T4 → T3

1.0 mcg Levothyroxine

 TSH  WNL



In GD, thyroid stimulating immunoglobulins (TSI) bind to the TSH receptor (TSHR) and mimic TSH stimulation of the thyroid gland. Because TSI induced thyroid hormone secretion is not controlled by negative feedback, such stimulation causes uncontrolled hyperthyroidism.⁸

TSI are IgG antibodies that can cross the placental barrier and cause neonatal thyrotoxicosis in newborns delivered by mothers with GD.^{9,10}

The TSH receptor contains a large extracellular domain that presents epitopes for a variety of autoantibodies, including TSI and Thyroid Blocking Immunoglobulins TBI.¹¹⁻¹³ In contrast to TSI, TBI bind to the TSH receptor and inhibit TSH stimulation of thyroid cells, leading to hypothyroidism. Commonly used Thyrotropin Receptor Autoantibody (TRAb) assays do not distinguish between TSI and TBI.



“Hashimoto's thyroiditis, or inflammation of the thyroid gland, is an autoimmune disorder. That means it is caused by a malfunction in your immune system. Instead of protecting your thyroid tissue, your immune cells attack it. These immune cells can cause hypothyroidism(underactive thyroid), a goiter (enlarged thyroid), or both. Eventually, the thyroiditis process can even destroy your entire thyroid, if left undetected or untreated.”

“Doctors aren't entirely sure why the immune system, which is supposed to defend the body from harmful viruses and bacteria, sometimes turns against the body's healthy tissues.”



In Hashimoto's thyroiditis, large amounts of damaged immune cells invade the thyroid. These immune cells are called lymphocytes; this is where Hashimoto's other name—chronic lymphocytic thyroiditis—is derived from.



Thyroid Panel With TSH

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▼ TSH ⁰¹	0.095 Low		uIU/mL	0.450-4.500
Thyroxine (T4) ⁰¹	10.7		ug/dL	4.5-12.0
T3 Uptake ⁰¹	28		%	24-39
Free Thyroxine Index	3.0			1.2-4.9

Triiodothyronine (T3)

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Triiodothyronine (T3) ⁰¹	114		ng/dL	71-180

Thyroid Antibodies

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Thyroid Peroxidase (TPO) Ab ⁰¹	8		IU/mL	0-34
▲ Thyroglobulin Antibody ⁰¹	1.3 High		IU/mL	0.0-0.9

Thyroglobulin Antibody measured by Beckman Coulter Methodology



Thyroid Panel With TSH

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▼ TSH ⁰¹	<0.005 Low	0.006 12/23/2021	uIU/mL	0.450-4.500
Thyroxine (T4) ⁰¹	11.8		ug/dL	4.5-12.0
T3 Uptake ⁰¹	36	35 11/12/2021	%	24-39
Free Thyroxine Index	4.2			1.2-4.9

Thyroxine (T4) Free, Direct

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▲ T4,Free(Direct) ⁰¹	2.40 High	1.93 12/23/2021	ng/dL	0.82-1.77

Triiodothyronine (T3), Free

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▲ Triiodothyronine (T3), Free ⁰¹	5.0 High	4.3 12/23/2021	pg/mL	2.0-4.4

Thyroid Antibodies

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Thyroid Peroxidase (TPO) Ab ⁰¹	<8		IU/mL	0-34
Thyroglobulin Antibody ⁰¹	<1.0		IU/mL	0.0-0.9

Thyroglobulin Antibody measured by Beckman Coulter Methodology



TSH

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
TSH ⁰¹	0.481		uIU/mL	0.450-4.500

Thyroxine (T4)

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Thyroxine (T4) ⁰¹	6.4		ug/dL	4.5-12.0

T3 Uptake

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
▼ T3 Uptake ⁰¹	21 Low		%	24-39
Free Thyroxine Index	1.3			1.2-4.9

Triiodothyronine (T3)

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Triiodothyronine (T3) ⁰¹	95		ng/dL	71-180

Thyroid Antibodies

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Thyroid Peroxidase (TPO)				
▲ Ab ⁰¹	171 High		IU/mL	0-34
▲ Thyroglobulin Antibody ⁰¹	69.6 High		IU/mL	0.0-0.9

Thyroglobulin Antibody measured by Beckman Coulter Methodology

Thyroid Stim Immunoglobulin

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Thyroid Stim				
▲ Immunoglobulin ⁰³	0.73 High		IU/L	0.00-0.55



Diagnostics

- Blood + Ab
- Dutch
- Stool
- Total Tox

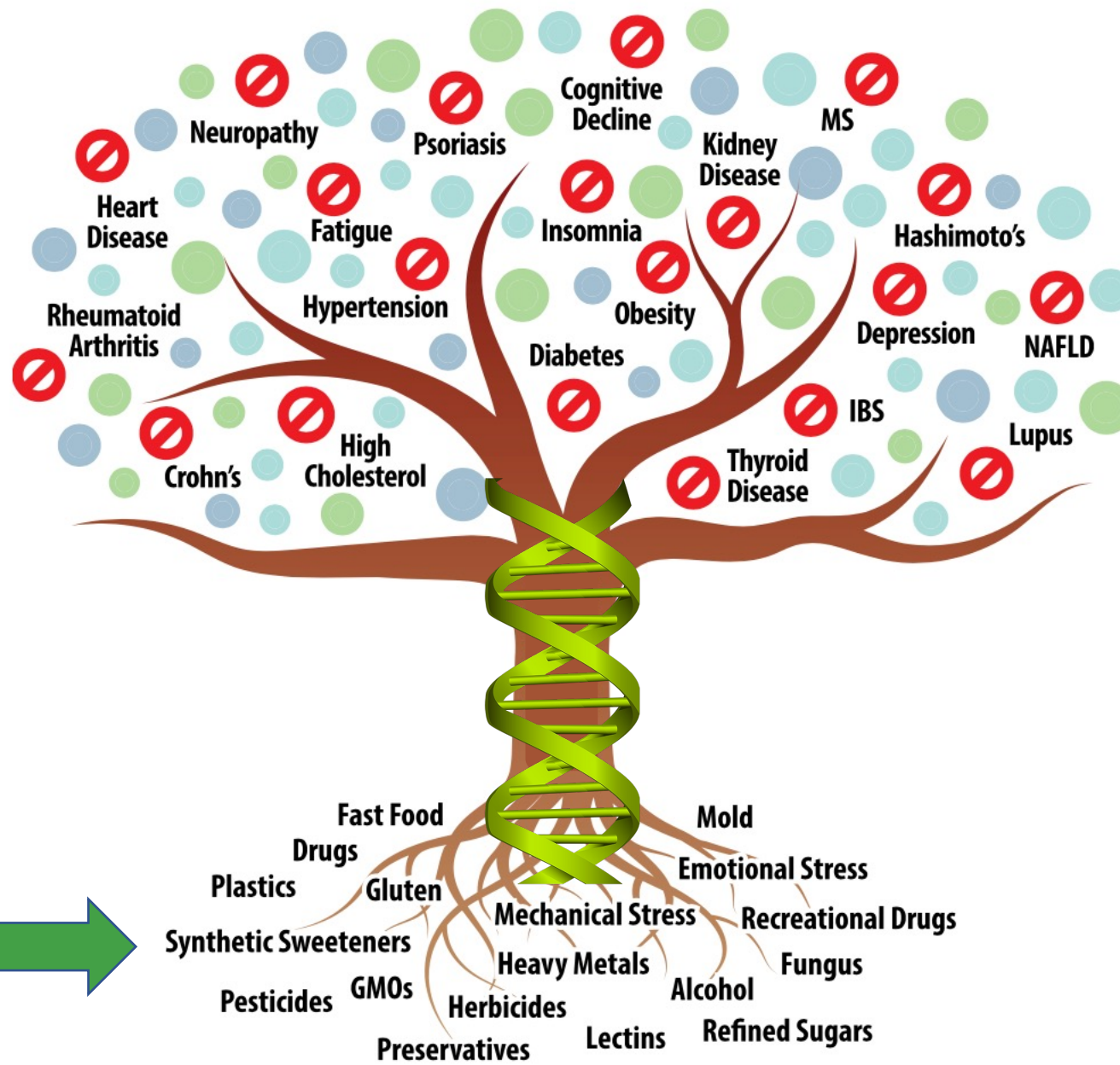
Intervention

- Building Blocks
- Drivers
- Detoxifiers

Results

- Subjective
- Objective
- Predictable
- Sustainable





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