



# Hashitoxicosis Discussions copied from forums and the Internet

Antibody Tests and Discussion of "Hashitoxicosis" taken from the internet. I am not affiliated in any way with the discussion members or the forum; I simply copied it here as another source of learning information. Sometimes it helps to read the same or similar information from other people. Their opinions may be similar or different from my own; I provide their information intact (ie, I did not change or edit anything). Scroll down to read "Philips" experience of Hashitoxicosis. I was unable to find out if he underwent thyroidectomy, and if so, if it helped.

Google/Search "Hashitoxicosis" for more information. Here is a link to one current forum on the topic:

<http://thyroidboards.com/forums/forum/20-hashitoxicosis-forum-only-for-those-with-high-tpo-ab-tg-ab-and-high-tsi/>

01-31-2012, 06:12 AM	#4
<a href="#">sammy64</a>  Senior Veteran (female) Join Date: Mar 2011 Location: USA Posts: 3,422 	<b>Re: Graves "Burn Out" - HypoT - Elevated TSI ...</b>  Pam  I can certainly understand your confusion. It took me a l-o-n-g time to fully grasp the antibody stuff....mostly due to brain fog since my former endos kept me hypo.  OK...here's the deal. While some people with "regular" Hashi's will have a somewhat lower (but, very much in-range) TSH, most people will have TSH > 2.0 and often very much higher. This all depends on how long it took them to get diagnosed and treated.  People with Graves' that are either hyper or hypo will have suppressed TSH (below-range). They would be hyper if TSI antibodies predominate or hypo if TBII antibodies predominate.  In summary, people with "regular" Hashi's will have in-range or over-

range TSH.

People with Graves' (hyper or hypo) will have suppressed TSH (below-range).

People with Hashitoxicosis will have in-range TSH but, on the lower end. (and be testing positive for TSI antibodies).

I disagree that your TSI antibody level is higher than normally seen in Hashitoxicosis only because I've seen levels that high with other members suffering from it.

It's only those TBII antibodies that cause hypothyroidism. And, that's where your doctor's statement is "off".

Yes, the Graves' antibodies interrupt the HPT feedback loop but, the TSI antibodies cause hyperthyroidism (and suppress TSH).....and the TBII antibodies can cause hypothyroidism (but, also suppress TSH).

Since your TSH is not suppressed, that tells me you don't have TBII antibodies coming into play and, instead, you have good ol' Hashi's "mixing in" with those TSI antibodies.

Hashi's + TSI = Hashitoxicosis.

I can understand your frustration at this point. But, the fact that you have had an adrenaline episode quite recently tells me that those TSI antibodies are problematic for you.

You see, the TSI antibodies erratically stimulate the thyroid to produce hormone. So, when this happens, you will have an "adrenaline episode".

If you had larger amounts of TSI in your system, you would go hyper.

And, since TSI stay in the bloodstream for 2-3 months, measuring your TSI level during an "adrenaline episode" really won't provide useful information.

You have TSI antibodies and, if you want to try to stop having "adrenaline episodes", you'll need to try to reduce those antibodies.

I think you know I've mentioned Block and Replace Therapy to you as an effective way to lower TSI. Basically, the patient takes a small dose of anti-thyroid drug (usually 5mg Tapazole/methimazole or 50mcg PTU). The ATD has the capacity to lower TSI. The patient would also take thyroid hormone replacement such as Synthroid/levothyroxine to prevent hypothyroidism.

Another member on here has Hashitoxicosis and has been doing BRT for about 5 months.....she says she no longer has "hypers" (equivalent to your "adrenaline episodes") and her TSI antibody titers are lower.


I am aware of Graves' patients taking LDN (low-dosed naltrexone) as an effective way to lower TSI.

You could also try taking some herbal supplements called "adaptogens" that help modulate the immune system (immunomodulators). Rhodiola and reishi [mushroom](#) are two examples.

Another way to lower antibody levels is to try to eliminate environmental triggers such as stress, allergans (both seasonal and food), cigarette smoke, low selenium levels, excess dietary iodine, estrogens and aspartame.

Increasing your consumption of anti-oxidants might help as well.

Please continue to ask any questions that come to mind and don't worry about asking me to explain something in a different way.

We're all in this together. 

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Graves' 2007...remission 2009....hypo 2010

Last edited by sammy64; 01-31-2012 at 07:04 AM.


**ABQpam** 

Senior Member  
(female)

Join Date: Apr 2011  
Location: New Mexico, USA  
Posts: 193




Re: Graves "Burn Out" - HypoT - Elevated TSI ...

Thank You Sammy! This is making more sense to me now. 

*Hashi's + TSI = Hashitoxicosis.*

It seems my [course](#) of action should be to determine what road to take for reducing the TSI titers.

If I was to choose BRT, how will that affect my current Levo dose titration process? ... Is BRT going to lower my Free levels further? (heaven forbid)

I just increased to 50mcg Levo, aiming for +/- 70% of range to eliminate hypo symptoms. I'd hate to throw a kink in this process since it takes so long, but I think I'd trade the delay for relief from the "hypers". 

We all know how hard it is to control environmental triggers - stress and allergens specifically. The others not so hard to avoid. I will look into the adaptogens as another option as well. I don't think I would be a candidate for LDN as I take opioids for chronic neck pain due to disc problems and resultant nerve root compressions.

Thank heavens we are all in this together - I think more of us progress

faster to proper dx and treatment because of the "real life experience" sharing that takes place on this forum.


Thanks again for your patience and thoughtful reply. 🙏😊

Pam

Quote Reply

02-01-2012, 05:38 AM

#6

[sammy64](#) 

Senior Veteran  
(female)

Join Date: Mar 2011  
Location: USA  
Posts: 3,422



Re: Graves "Burn Out" - HypoT - Elevated TSI ...

Hi Pam

I'm glad I was able to make sense. 😊

Yes, it seems that the key to feeling better with Hashitoxicosis is to reduce those TSI antibody titers (this will also help prevent the development of Graves' hyperthyroidism)....and, of course, be properly medicated for hypothyroidism.

Yes, the anti-thyroid drug component of BRT can reduce the FreeT4/T3 levels....that is why the usual regimen is 5mg Tapazole/methimazole or 50mg PTU (these are equivalent doses) with an addition 50mcg of Synthroid/levothyroxine to whatever your usual dose might be.

Of course, there could be the need for further dose tweaking but, just as you mentioned and the other member has mentioned, relief from the "hypers" seems worth it.

If it were me, I'd want to get that BRT aspect over and done with as soon as possible.

In regards to the stress and allergan components of environmental triggers....of course, we can't always avoid stress but, we can improve our response to it. Yoga/meditation go a long way with this. And, we can certainly avoid [foods](#) that cause an allergic reaction....and possibly stay indoors when outside allergans are more prevalent.

I understand your thoughts about LDN....I had entertained thoughts of trying it but, taking reishi mushroom supplements and doing yoga once/week seems to have helped reduce my TSI and TBII. (yes, I am still testing positive for both and the TBII are "winning" since I'm hypo).


I also starting having [smoothies](#) for lunch since last fall. Included in my smoothie are mixed berries (lots of antioxidants) and chia seeds (great source of omega 3's which reduce inflammation). It's hard to describe but, I feel SO much better "inside" since smoothies have become part of my life.

I haven't had antibody testing since I've been having smoothies and

plan to do so in the next few months. I'm curious.

I completely agree with you about the benefits of forum participation. I highly doubt I would be feeling as good as I do if forum members didn't share their experiences and point me in the right direction for research - one needs to know the "buzz words" to research successfully.

It's a pleasure to work with you and it will be an even bigger pleasure to know that you will finally start feeling better.

Please continue to keep in touch. 

Sammy

I'm just starting on my journey toward good Free levels - boy I hate to interrupt that with B&R therapy. But I hear you that it is worth it to be rid of the "hypers"!

How are you feeling these days?

it sure is one complicated mess.

Before I was put on thyroid meds you mean? No when this journey started I was hypo with hypolabs. Yet the thing was, I kept having those hyperswings. I needed the meds, but they made me much worse instead of better. My symptoms did not fit the labs most of the time. Yes BRT has brought my TSI's down. They are still elevated together with the rest, but decreasing so that's already good. supplementation is going good, still searching for the proper dosage, but other than that no more hyperswings

I'm so glad you got relief from the hyper swings. They are truly awful. Terrifying at times for me. I'm relaxing about them some knowing (hoping) they are truly "hyper swings" instead of heart problem.

Over here it's morning and I so know what you mean with that cycle every day again. In the evening/night I feel better and now I'm hypofoggy until it's evening again. crazy thyroid.

Ktaylor, I'm sorry you're feeling like this. Please keep in mind that hypo also triggers those TSI!

in my experience very few doctors are knowledgeable or experienced with hashitoxicosis, still if one can find a doctor who's somehow willing to listen to the information provided,

that's already a start.

Hang in there and please let us know if we can be of any help

Hey Ktay14,

Well, I've done tons of reading on this topic, but not sure I'm any wiser for it. 😊

Sammy on the board here has given me tons of good info. ie; ways to reduce the antibodies...(see her replies earlier in this thread). I'm also putting some thought into the test itself.

My lab report reflecting my TSI level of 105 (Range:  $\leq 110$ ) states "*This test determines the net effect of all TSHR antibody types (stimulating, blocking or neutral) present in the serum specimen. Stimulating Ab's mimic the action of TSH and may cause hyperthyroidism / Graves disease. Positive results (111 or greater) are consistent with Graves disease but do not always correlate with the presence and severity of hyperthyroidism*". Clear as mud, right!?

So I'm not positive what type of the TR Ab's I have 🤔 I am inclined to think the stimulating ones since I have those "hyper" episodes. I am wondering if other labs do individual tests as opposed to the full assay? (Apparently you can have more than one kind of TRAb simultaneously.) 🤔 I have been told there is a newer, more reliable test called **Thyretain TSI**. But have not located a local lab for it yet.

Do you know if your TSI test was specific to STIMULATING Ab's ? What about TPO & TG Ab's - positive for those? Your TSH is inching its way up to what is considered hypo ( $>2$ ) around here. The consensus on the board (supported by Thyroid text books) is that most feel best with their frees in the upper third of the range. I think given your labs, family history and the presence of TSI, there has to be a doctor willing to look at this further. Your labs are pointing to HypoT - are you having any hypo symptoms?

*How am I doing?...* Still feeling quite hypo, but noticing some small improvements. I can breathe better, some days a little more energy... Since starting Levo I have not had an increase in the frequency of the "hypers", but still having them. And my insomnia is still relentless.

You weren't specific about your hyper symptoms or the frequency - did any doctor ever Rx a Beta Blocker? I've been on Atenolol for awhile, finally a high enough dose to lower my resting HR below 95 and quieted some of the inner "shakiness". It certainly isn't a fix for anything, but helpful with the cardiac effects of hyperT swings - be it from Graves, Hashitoxicosis or plain ol' Hashi's.

I'm hoping Lisa789 can help us out. She has been dx'd Hashitoxicosis and is currently doing Block & Replace. It's obvious she is much more knowledgeable about this situation that I

am.

Please keep posting, I think the 3 of us (and any others with this situation) can help each other reach proper Dx and treatment. The board has a collective experience and knowledge that no doctor can compete with. 😊

Prayers & Hugs,

Hello Lisa789,

You said to ask any questions about Hashitoxicosis .... Thank you - I don't even know where to begin. 😊

Are the antibody tests in Europe different from the TSI assay test I had? (See above reply to Ktay14).

What was the deciding factor for your doctor to begin Block & Repace treatment?

You said that being hypo can trigger the TSI's - so how does all this get balanced out? Is it just trial and error until you find the right dose of ATD to reduce TSI and then T4 to treat the hypothyroidism ?

I'm a little afraid of the BRT, but so tired of the "hypers" and the insomnia! Did you feel "more hypo" after starting the ATD?

I have not seen my doctor again since we first discussed the TSI test result. I'm trying to hold out till my next labs in mid March. Maybe I can learn more by then.

You seem very knowledgeable with Hashitoxicosis - us "newbies" are lost. LOL. I'm assuming you did much of the research and then educated your doctor ? Any info on your journey you want to share would be much appreciated. 😊

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The following paragraph is taken from this link:

<http://www.thyroidmanager.org/chapter/graves-disease-and-the-manifestations-of-thyrotoxicosis/>

#### GRAVES' DISEASE AS A DISEASE OF THYROID AUTOIMMUNITY

Graves' disease, Hashimoto's thyroiditis, and idiopathic thyroid failure are closely associated and in fact overlapping syndromes. Hashimoto's thyroiditis is typically characterized by thyroid enlargement and often underactivity. Idiopathic hypothyroidism is usually the result of Hashimoto's thyroiditis, and

myxedema is the most advanced form of this illness. Of course hypothyroidism and myxedema can also be induced by other causes of thyroid hormone deficiency. These three syndromes of autoimmune thyroid disease (AITD) share immunological abnormalities, histological changes in the thyroid, and genetic predisposition. Patients can move from one or the other category, depending upon the stage of their illness. For example, an individual might first be observed with thyroid enlargement and positive antibody tests for anti-thyroglobulin or anti-TPO antibodies, and thus qualify as having Hashimoto's thyroiditis. At a later stage, this individual might become hyperthyroid and fit in the category of Graves' disease. Or, the patient might have progressive destruction of the thyroid, or develop blocking antibodies, and become hypothyroid or ultimately develop myxedema.

The common features of the autoimmune thyroid diseases include the immune reactivity to specific thyroid antigens. We now know that patients with AITD have immune reactivity, both antibodies and cell-mediated immunity, directed to the TSH receptor, thyroid peroxidase (TPO), and thyroglobulin (TG) [2]. Antibodies also exist to megalin (the thyroid cell TG receptor) [2.1], to the thyrocyte iodide symporter [3], and antibodies reacting to components of eye muscle and fibroblasts are present in sera of patients with Graves' ophthalmopathy [3.1]. (Table 10-1) The immune reactivity includes development of antibodies to these antigens, cell-mediated immune responses due to lymphocyte reactivity, and development of circulating antigen/antibody complexes [4], at least for some of the antigens. Patients with AITD also often develop other "organ specific" antibodies, including antibodies directed to gastric parietal cells in 50% of patients with Hashimoto's thyroiditis [5]. Jenkins and Weetman have recently reviewed the evidence indicating an association of AITD with ACTH deficiency, Addison's disease, chronic hepatitis, celiac disease, DM-1, multiple sclerosis, myasthenia, PA, premature ovarian failure, primary biliary cirrhosis, vitiligo, RA, SLE, systemic sclerosis, urticaria, and angioedema. Patients with AITD may have antibodies, less frequently, to adrenal steroidogenic enzymes, ovarian steroidogenic enzymes, and components of the pituitary gland, thus qualifying for the Multiple Endocrine Autoimmune Syndrome [6]. In addition, up to 25% of patients with active Graves' disease have low level titers of antibodies to DNA, and occasionally have antibodies to liver mitochondria [7,8]. Further evidence of ongoing autoimmunity in Graves' disease is the elevation of ICAM-1, and IL-6 and IL-8 cytokines seen in hyperthyroid patients [8.1,8.2]. Anti-cardiolipin antibodies are present in increased incidence in patients with autoimmune thyroid disease, including Graves' disease. However, these are not necessarily pathogenic and may be nonspecific markers of immune dysregulation [8.3].

Table 1. Antibodies in Graves' Disease

Elevated levels of TSAb, TBII, and (rarely) TSBAb

- Elevated levels of anti-TPOAb ( 80%)
- Elevated levels of anti-TGAb ( 50%)
- Antibodies reacting to the Iodide Symporter and Pendrin protein



- Antibodies recognizing components of eye muscle and/or fibroblasts
- Antibodies to DNA
- Antibodies to Parietal Cells (infrequent)
- Antibodies binding to platelets

## **Hashitoxicosis**

May 21, 2010

By Philip Bernie ([phil@ThyroidBoards.com](mailto:phil@ThyroidBoards.com))

First, I am not a doctor and do not want anyone reading this to construe this as medical advice. Consult your physician if you think you have a thyroid problem. I would, however, appreciate any input from credible endocrinologists who would like to add to this article.

Hashitoxicosis is a fairly new medical term used to describe a thyroid condition in which the patient shows signs of BOTH hyperthyroid and hypothyroid at the same time or through a cycling process. The term is still a bit controversial because the underlying conditions have already been identified and usually already diagnosed. Autoimmune diseases such as Graves Disease or Hashimoto's Thyroiditis are pretty easily diagnosed and because those with Hashitoxicosis display symptoms of both diseases, they are usually provided a diagnosis for one or the other.

As a patient with Hashitoxicosis, it is my belief that the disease needs to be treated differently and the medical community needs to recognize the fact that Hashitoxicosis is not simply another case of Hashimoto's Thyroiditis or clear cut Graves Disease. It is more complicated than that.

### **Hashitoxicosis Symptoms: From the Horse's Mouth**

The thyroid is like a sponge filled with fresh thyroid hormone stored for future use. When you have an autoimmune condition like Hashimoto's, the thyroid is attacked by antibodies and with each attack a little more thyroid hormone is dumped into the system and at the same time, some thyroid cells are killed off - some permanently. The thyroid is very resilient however. You would think after a few of these attacks the thyroid would just die off on its own and the problem would be solved but that's not necessarily the case.

Most folks with clear cut Hashimoto's can be cured by taking Thyroxine replacement hormone but those with Hashitoxicosis ALSO have symptoms of Graves Disease. Hashitoxicosis is almost a perfect blend of Hypothyroid Hashimoto's and Hyperthyroid Graves Disease. How do you control something that starts and stops at will without notice?

### **The Hyper Cycle of Hashitoxicosis**

I can tell you from my experience, I can toggle hyper to hypo and back a few times per day at its worst. Sometimes the hyper portion lasts longer and other times the hypo portion lasts longer - sometimes cycling every 4 or 5 days even. I always know when a new cycle is coming on because for me at least, it usually starts with a round of heart palpitations and I get hot - physically my body temperature will rise to about 99.8 and remain there until the cycle is over. Usually the day after the heart palpitations start, I will feel really jittery with slight leg tremors and soaking night sweats. Some hours feel worse than others and it's not something I can just "talk myself out of". At this point my heart rate will typically increase between 104 and 120 beats per minute resting and my blood pressure will rise from normal (124/84) to 148/110. At this stage everything feels fast. My mind fires quickly, I speak quickly, I find the need to fidget (tap my hand on the table, tap my foot up and down - always moving). I personally hate this part the most. Some episodes are downright scary and others actually feel kind of neat if its not too bad - like being ramped up on a ton of caffeine. Usually the good feeling doesn't last long and the symptoms progress quickly through feeling good to being very uncomfortable. Sensitivity to light, dizziness, sleeplessness are common during this phase. Muscle weakness is common as well as having no stamina whatsoever. I can get winded doing simple tasks and my legs feel like they are Charlie-horsed and shaky - similar to the feeling a weight lifter might get after doing 5 sets of heavy squats.

Before this cycle even starts I can physically feel my thyroid "loading up". I will have a slight burning pain in my neck and discomfort swallowing and breathing. My thyroid physically feels large and firm to the touch. It is slightly painful as well. It feels as if there is a bottleneck between my mouth and lungs, like someone tied a necktie around my neck just slightly too tightly. As the dumping portion begins, my thyroid physically feels like it is becoming smaller, my breathing opens up and the pain tends to go away. I know this sounds crazy and most doctors dismiss this as impossible but I know my body well and know what it feels like. It literally feels like my thyroid is swelling - dumping - small - swelling again - dumping - small. The cycle goes on and on.

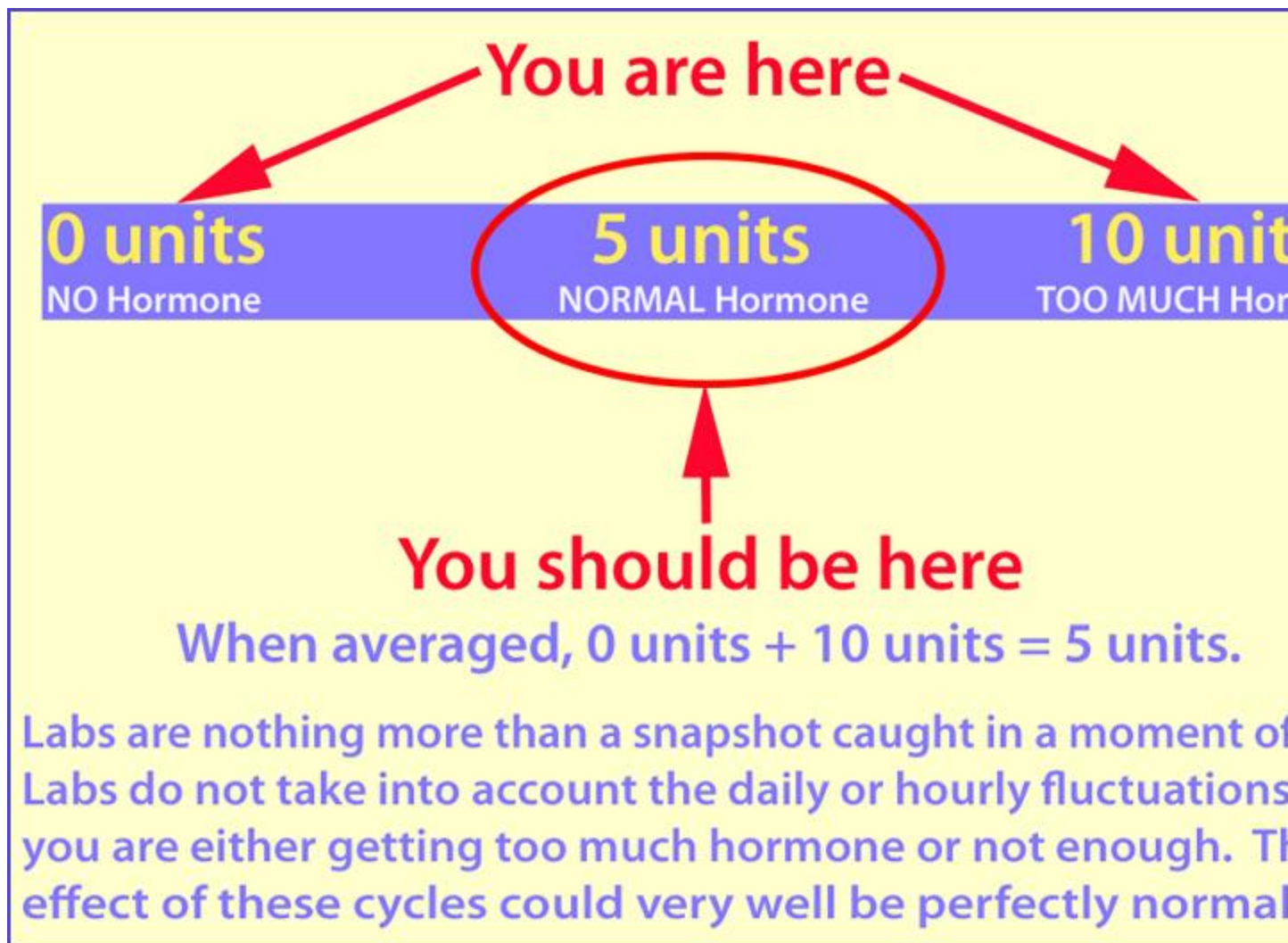
### **The Hypo Cycle of Hashitoxicosis**

After my thyroid dumps its payload into my system and makes me feel really hyper for a few hours or a few days, the thyroid hormone tends to wear off and due to the previous antibody attacks my thyroid has suffered, my thyroid just cannot keep up with demand. Here comes the hypo side of the equation. My body temp, although

almost always remaining above normal as tested on a few different digital thermometers, will come down from its highs, typically 99.1 or so. My blood pressure will be in the normal range and my resting heart rate will come down to a more normal 78 beats per minute. I tire easily and feel really foggy and out of sorts during this phase. This cycle is unpleasant as well but not as scary as hyper. During this phase I will find the need to nap during the day and the nap is not of the regular variety, its more like falling into a coma. My head hits the sheets and I'm out for a few hours. Perhaps part of this is due to the previous hyper cycle when I had no sleep for a few days. I can say I never really feel cold. I am always hot, even during the hypo phase. This is a bit unusual. During this cycle I usually have no pain in my thyroid at all and my thyroid physically feels smaller than it did when it was loading up - the previously mentioned "bottleneck" feeling is gone at this point and I can breathe and swallow ok. I will usually last a few hours to a few days like this before I get the telltale signs of a new cycle beginning - the heart palpitations. I hate those things!

### **Hashitoxicosis: What Your Labs Will Look Like *"Hey, Endos, Listen Up!"***

Here's what stumps doctors most when you are dealing with Hashitoxicosis - your labs. Due to this constant cycling of hypo to hyper from minute to minute and hour to hour, the net effect of these changes is a zero sum game - normal labs.



As you can see from the graphic above, some days your blood will contain lots of hormone. Other days your blood will contain a little amount of hormone because of the cycles mentioned above. Since hormone sticks around for a few days, you end up with a set of thyroid labs that appear normal at first glance. The average of ZERO hormone and TOO MUCH hormone equals an amount of hormone that is dead center normal. Your Free T3 and Free T4 will be pretty close to normal and fluctuate slightly. In my case, my TSH is almost always high. In a range of .5 to 4.5 my TSH will always be between 6 and 21 and it does fluctuate wildly from week to week. My Free T3 and Total T3 are almost always dead center of the normal range and my Free and Total T4 will be either just outside the range low or on the lower side of normal. You could have Hashitoxicosis and have labs that are more on the hyper side. I've been doing battle with my thyroid for about 8 years now so my thyroid is really beat up - filled with scar tissue. During my last sonogram the sono tech said my thyroid looked like "hell" - it was riddled with craters and scars from years of attacks. Normally a thyroid should be smooth and mushy, sort of like a chicken liver only just a touch firmer.

## The A-Ha Moment: The Trifecta of Antibodies Confirms Hashitoxicosis

### TPO Ab. TG Ab. TSI.

**Thyroid Peroxidase Antibodies (TPO Ab)** will be high. Mine are off the charts. A "normal" person will have no antibodies. Mine are over 1400. This is the main antibody responsible for Hashimoto's. The attacks from these antibodies will eventually make you hypothyroid as it kills off your thyroid gland but this can take years.

**Thyroglobulin Antibodies (TG Ab)** may or may not be high. TG Ab's are fairly common in Hashimoto's patients as well as Graves patients as well as thyroid cancer patients. This test is not as important to a diagnosis as the other two but this test is commonly used as a marker to track thyroid cancer. NO it does not mean you have cancer if you have these.

**Thyroid Stimulating Immunoglobulins (TSI)** will be high. This test usually confirms a Graves Disease diagnosis. If you have high TSI as well as high TPO Ab's, you either have a scorching case of Hashimoto's or Hashitoxicosis. It is my opinion that TSI runs the show. When TSI is high, I feel like crap. When TSI is low, I feel perfectly normal.

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## Hashitoxicosis (continued)

May 21, 2010

By Philip Bernie ([phil@ThyroidBoards.com](mailto:phil@ThyroidBoards.com))

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Ok, so we discussed the antibodies usually responsible for Hashitoxicosis, and now I would like to show you some labs.

TSH+T4F+T3Free		October 8, 2008		
Date Collected: 10/8/2009 10:47:00 AM				
Test Description	Result	Range	Units	
TSH004264	11.2	0.450-4.500	uIU/mL	
Triiodothyronine,Free,Serum010389	2.9	2.0-4.4	pg/mL	
T4,Free(Direct)019745	0.75	0.93-1.71	ng/dL	

TSH+T4F+T3Free		August 19, 2009		
Date Collected: 8/19/2009 1:18:00 PM				
Test Description	Result	Range	Units	
TSH004264	14.07	0.450-4.500	uIU/mL	
Triiodothyronine,Free,Serum010389	2.6	2.3-4.2	pg/mL	
T4,Free(Direct)019745	0.65	0.61-1.76	ng/dL	

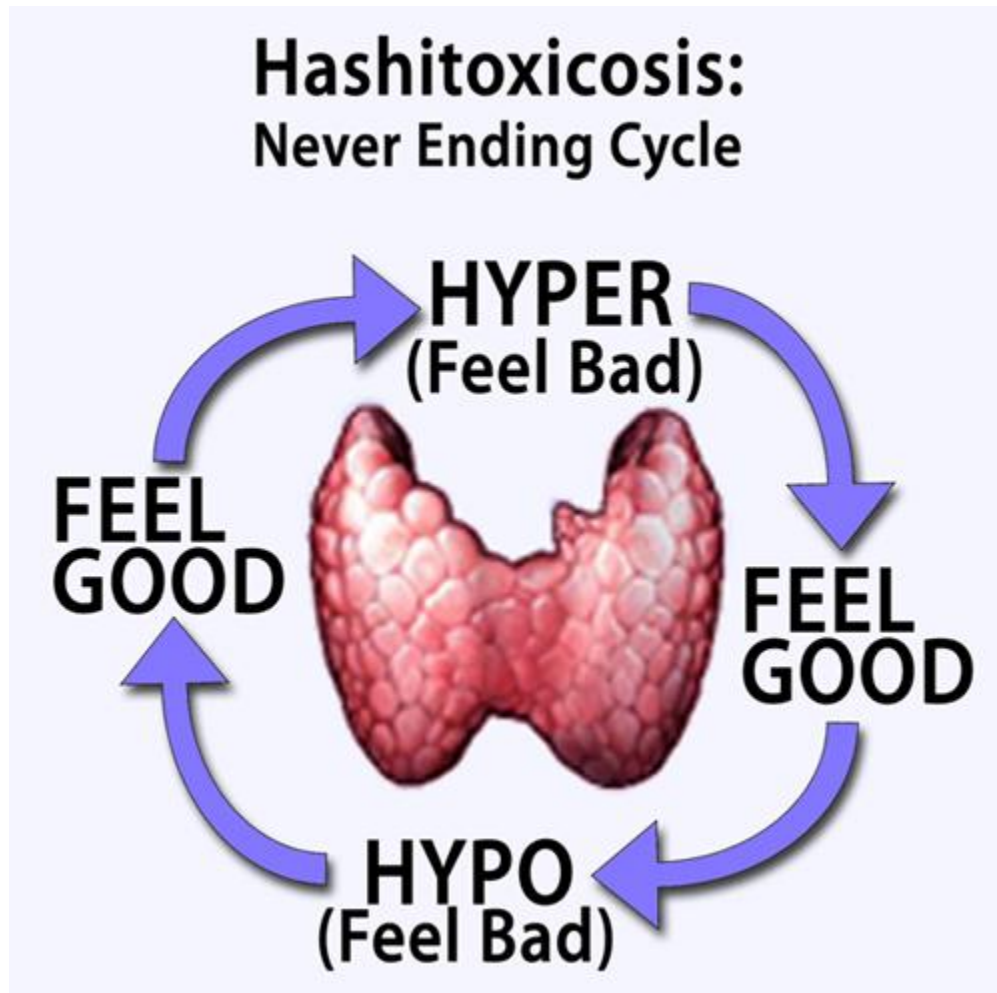
TSH+T4F+T3Free		June 23, 2009		
Date Collected: 6/23/2009 9:07:00 AM				
Test Description	Result	Range	Units	
TSH004264	9.17	0.450-4.500	uIU/mL	
Triiodothyronine,Free,Serum010389	2.9	2.3-4.2	pg/mL	
T4,Free(Direct)019745	0.76	0.61-1.76	ng/dL	

TSH+T4F+T3Free		April 23, 2009		
Date Collected: 4/23/2009 11:00:00 AM				
Test Description	Result	Range	Units	
TSH004264	7.463	0.450-4.500	uIU/mL	
Triiodothyronine,Free,Serum010389	3.2	2.3-4.2	pg/mL	
T4,Free(Direct)019745	1.02	0.61-1.76	ng/dL	

TSH+T4F+T3Free		February 16, 2009		
Date Collected: 2/16/2009 10:55:00 AM				
Test Description	Result	Range	Units	
TSH004264	10.945	0.450-4.500	uIU/mL	
Triiodothyronine,Free,Serum010389	3	2.3-4.2	pg/mL	
T4,Free(Direct)019745	0.92	0.61-1.76	ng/dL	

So as you can see from my labs, first, I am pretty diligent about getting tested. It was not so much I was concerned about the timing of my lab draws as I was more interested in seeing if a pattern was being developed so I tested myself....and retested. You can see how my TSH is almost always high and also fluctuates pretty wildly. Lately my Free T3 is usually near the center of the range and my Free T4 is low. I will say about 5 years ago my Free and Total T3 was typically OVER the range

HIGH - but just barely. Back in those days I felt VERY hyper. Now I am admittedly more hypo than hyper most days due to the fact that like an old soldier, my thyroid has been to battle with the antibodies for a very long time and its got the battle wounds to prove it. My thyroid is ever so slowly losing function but still, it refuses to die.



### Yes, You Can Be Fat

Since Hashitoxicosis causes chaos within your metabolic system you can easily be way overweight or as skinny as a twig. I happen to have the fat variety of the disease. Many will also find they lose and gain weight quickly depending on the Symptoms Du Jour. Just last week I lost 4 pounds in one day. Mind you I am overweight so this is not very difficult to do but its significant enough to mention. The weight loss occurred after an extended hyper spell. 4 days later the weight was back.

### What's the Cure For Hashitoxicosis?

Surgery. That is my opinion and again, I am not a doctor. After living with these ups and downs for so long I just cannot see another option. The thyroid is obviously out of control. How do you stop these cycles? Anti-thyroid meds will not work in most cases because what happens to you on the days your are in a natural hypo cycle when your natural thyroid level are low? Do you take replacement hormone then? Well, what happens when your natural thyroid production decides to kick back in? Ok so you cannot take anti thyroid meds and you cannot take thyroid replacement hormone. The only other options are Radioactive Iodine ablation (RAI) or surgery. In my opinion, RAI is not the best option for those with Hashitoxicosis for a few reasons. First and foremost, when the gland is taken out the gland is then sent to pathology to be checked for cancer. Since we have an unusual condition, this is probably a good idea. Next, since RAI can lead to thyroid dumping as the iodine kills off a large number of thyroid cells at one time, you can turn really hyper and maybe even suffer a thyroid storm which can be a life-threatening event. The ultimate choice of course is up to you. If any doctors out there read this, please email me and let me know if you think any of this information is not correct. I would be happy to revise this article.

### **How I Plan To Put This To Rest**

After 20 anxiety disorder diagnoses and 20 hypothyroid diagnoses and 20 Graves Disease diagnoses, I will put this to rest once and for all by having my thyroid removed. I plan on having a full thyroidectomy in the next few months. If and when the symptoms and all the craziness along with it goes away, then I will know with absolute certainty the wild swings and symptoms were all created by my out of control thyroid gland. If the symptoms continue after the removal of my thyroid then I will have to contemplate other culprits, like my pituitary gland, some sort of anxiety disorder or adrenal problem. I highly doubt these others will be a factor however, because my labs show my thyroid is actually a mess. That part is certain.

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**mkgbrook** 

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**Re: Is there a difference between Hashitoxicosis and Hashimotos?**

Given I have both Hashimoto's and Graves, and lived through this HADES... I will bite and give my 2 cents here.

By definition: Hashitoxicosis is an autoimmune thyroid disorder that is being recognized more and more. However some MDs refuse to acknowledge it at this time. This disorder I will label HTC is in which individuals with autoimmune hypothyroidism (Hashimoto's thyroiditis - HT ) experience intermittent or sporadic periods where they also have symptoms of hyperthyroidism. These sufferers can be described as having both HT and Graves' disease if the antibodies associated with both diseases are present.

How does HTC manifest? Well it can be complicated, but the disease process in focuses around the thyroid cell destruction and periodic thyroid tissue stimulation. Thyroid peroxidase and thyroglobulin antibodies cause thyroid cell inflammation and destruction. As thyroid cells die, their stored supplies of thyroid hormone (T4) are suddenly released into the blood circulation. These sudden bursts of thyroid hormone are responsible for the fleeting symptoms of hyperthyroidism. It makes medicating difficult, often a patient thinks that they need to have their medications adjusted and they suspect that their thyroid medication is too high. On other days, when they're dragging, depressed and experiencing weight gain, they suspect that their thyroid hormone replacement dose is too low. It is a sucky thyroid roller coaster.. but that is the Hashimoto's component to this issue.. what if you have the Graves antibodies as well? How do they play in the game?

Blocking TSH receptor antibodies, Thyroid binding inhibiting immunoglobulins (TBII) and thyroid stimulating immunoglobulins (TSI or stimulating TSH receptor antibodies) that are present as have one purpose. They trick, fool, and expect the thyroid to make more T4 and T3 for release and use in the body. Well how is this bad? How does this play well with Hashimoto's? It doesn't. Increasing the tissue TPO and TG activity to increase T4 production and shipment ticks Hashimoto's TPOAb and TGAb off big time. They increase and have to work harder to kill off that which they consider dangerous and foreign invaders. As a result your periods of hyperT due to reserve T4 release become more dramatic and violent.

All in all if you have TSI, TRAb, TBII and TPOAb and TGAb you are in for a long ride. Your thyroid is a battle ground and your body will have to hand the fall out. You will have to watch your Ft3 and Ft4 levels like a hawk and treat your resultant symptoms accordingly. This tends to mean managing each separately. I have to treat heart issues with a short lived beta-blocker. I also had a standing order of prednisone to take and suppress my immune system when the war between hyperT and hypoT got to difficult. It's not uncommon in one's lifetime to have HT, GD, primary myxedema and Hashitoxicosis manifest and be dominant at different times. My GD was dominant during my pregnancy.. then HTC took over, now I am pretty much HT. I did enjoy many a day with myxedema.. and that sucks as well. It is all

controllable and treatable. You just have to stay up on your own care and not let an MD ignore your issues as they arise. In the end Hashimoto's will win because it will see all thyroid tissue destroyed.. no matter what. Graves antibodies and effects depend on having living functional thyroid tissue. If there is not thyroid the antibodies sit and twiddle their psuedothumbs.

MG

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If we learn by our mistakes, I am working on one hell of an education.