

POTENTIAL CLINICAL ASSOCIATIONS

Immunotype/Pattern	May be induced by	May be associated with
IMMUNOTYPE-1 Immune Balance or Harmony in total cell counts	Genetics, lifestyle or other factors	N/A (1, 16-18)
IMMUNOTYPE-2 T Cell Dominance <ul style="list-style-type: none"> • High T cell, low B • High T, normal B • Normal T, low B 	Too many T cells but too few B cells may be due to excessive exposure to toxic chemicals and other environmental factors such as lectins and agglutinins. Low B cell numbers could also be due to some environmental factors that induce B cells to undergo programmed cell death	Immune dysregulation, excessive inflammatory reaction, autoimmune lymphoproliferative syndrome, affecting T cell numbers. Low levels of antibody production, immunodeficiencies, viral and bacterial infection (14,22,32,35,70,171-176)
IMMUNOTYPE-3 B Cell Dominance <ul style="list-style-type: none"> • High B cell, low T • High B, normal T • Normal B, low T 	Gut dysbiosis, exposure to environmental factors, toxic chemicals, bacterial toxins that induce T cells to undergo programmed cell death, and change in the balance between T and B cells	Immune activation, autoimmunities, allergies, hypersensitivities, neuropsychiatric disorders, CFS, depression (3,31,35-43,70,161,167-175,177,179)
IMMUNOTYPE-4 Immune Hyperactivity CD4 Dominance <ul style="list-style-type: none"> • High CD4, low CD8 • High CD4, normal CD8 • Normal CD4, low CD8 	Excessive exposure to toxic chemicals and other environmental factors, molds, mycotoxins, and T cell mitogens such as lectins and agglutinins	Higher CD4/CD8 ratio, immune activation, excessive inflammation, autoimmune diseases, T cell proliferative disorders (3,26,45-51,178,180)
IMMUNOTYPE-5 Immune Deficiency CD8 Dominance <ul style="list-style-type: none"> • High CD8, low CD4 • High CD8, normal CD4 • Normal CD8, low CD4 	Exposure to toxic chemicals that affect the plasticity of T cells and change their CD markers, turning them into CD8+ cells	Lower CD4/CD8 ratio, protection against some pathogens, immune dysfunction, different immunodeficiencies (including AIDS and cancers), and chemical-induced immunodeficiency syndrome (CIDS) (52-57,180)
IMMUNOTYPE-6 Th1 Dominance <ul style="list-style-type: none"> • High Th1, low Th2 • High Th1, normal Th2 • Normal Th1, low Th2 	Stress, regulatory T cell dysfunction, gut dysbiosis, conversion of too many Th0 cells into Th1 due to exposure to many environmental factors, unhealthy lifestyle	Higher Th1/Th2 ratio, excessive inflammation and autoimmunities, especially cellular-mediated autoimmune disorders due to Th1 cells acting as autoreactive lymphocytes in many autoimmune diseases (58-70)
IMMUNOTYPE-7 Th2 Dominance <ul style="list-style-type: none"> • High Th2, low Th1 • High Th2, normal Th1 • Normal Th2, low Th1 	Dysregulation of Tregs by lifestyle, gut dysbiosis, and exposure to many environmental factors, especially allergens, resulting in conversion of too many Th0 cells into Th2 cells	Lower ratio of Th1/Th2, allergies, asthma, hyper-sensitivities, and antibody-mediated or Th2 associated autoimmune disorders (65-74)