The One Thyroid Test That Could Change Everything: Reverse T3 Transcript

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Introduction to Reverse T3

Hi, my name is Doctor Amy Waterman, a.k.a. the Thyroid Fixer. And today I want to talk about the importance of testing reverse T3 and why you want to look at the thyroid hormone replacement, i.e.

medication that you're actually taking because it might be working against you instead of for you. So first of all, let's start with reverse T3. What is it?

It's a built in survival mechanism to our body. So it's literally built into our body to protect us. So if we're in a car crash, if we have extreme trauma or injury, reverse T3 will go up.

And thank God that it does to literally tell our body, listen, you don't have to burn fat. You don't have to think, you don't have to have energy today.

You just need to lie there and survive and heal. So by taking way the energy from, let's say, things that are not needed when fighting for your life, even hair growth don't need to grow your hair as you're lying in the ICU or the air reverse.

T3 is built in for just that purpose. But here's the problem what if reverse E3 is elevated when you're walking around trying to live a normal life, that's when it becomes an issue.

That's when we gain weight. We can't lose weight. Our hair falls out. We can't go to the bathroom every day.

Why Elevated Reverse T3 Causes Symptoms

Our energy is in the toilet and all of the hypo symptoms are present despite taking a thyroid hormone replacement therapy. Now we know if you're working with conventional medicine, chances are all they are testing is your TSH.

So if you are taking T4 only, which does not work if you are taking no medication, which we're going to go over a couple scenarios here in a minute, then you might be getting too much T4 and not enough T3 or not any T3 whatsoever.

All of that T4 will absolutely send a signal back to your pituitary and your hypothalamus to lower the high. Because TSI is thyroid stimulating hormone, it is a pituitary hormone.

It's not a thyroid hormone. So your pituitary will basically quiet down and will stop sending age to the thyroid gland to tell the thyroid gland, hey, kick things up and make thyroid hormone.

So TSH will go down even if you are improperly treated and not properly medicated, TSH can still be low. And that's where you'll hear from your conventional medicine doctor.

Oh, your thyroid is normal, everything is fine. Or let's just increase your T4 and throw more in. Why that's a problem is because the only thing that converts to reverse T3 is T4.

Now let's go back to reverse T3. It is the anti thyroid hormone. I love using the analogy of a bouncer at the club. So if your reverse T3 is above a 12 which in functional medicine we want that reversed below a 12.

T4, TSH, and Misleading Thyroid Testing

If your reverse E3 is above a 12 then you are not properly converting your T4 either the T4 that your thyroid gland is producing, or the T4 that you're taking in the form of Centauri Levo or NT armor and thyroid, or a compound

compounded T3 and T4, anything with T4 in it.

It's telling us that you are not properly converting that T4 over to T3. So when we look at T4, the inactive thyroid hormone, it has two paths that it can choose to go down.

It can go down the free T3 path, which that's what we hope it does. We hope that it converts over into free T3, the active thyroid hormone that can get to the cell to do its job.

It can also go down the path and convert to reverse T3. Now when I say a bouncer at the club, I want you to think of all these bouncers outside of your cell door, across in their arms.

Talenti three. You're not getting in today. You're not getting into the cell to do your job, to give this person a metabolism to grow their hair, to strengthen their nails, to improve the mood, to light up the brain, to get an energy through the day and to let them go to the bathroom every day.

You're not getting it. You're not getting it to do your job. And that's the problem with elevated reverse T3 is it will block T3, that beautiful active thyroid hormone, from attaching to the receptor site on your cell.

We need to know your reverse T3 number, and it has to be below a 12. If it is not, then you are not being properly treated. Now there are a multitude of things that can increase reverse T3.

So on the one hand, when we see that elevator reverse T3, we want to go through that list and check the boxes for all the different things that can potentially push up reverse T3.

But there are many.

How Reverse T3 Blocks Active T3

And I always say doing that conversion of T4 to T3 is a really hard job for your body. I created to doing ten Tough Mudders in a row. It's tough for your body to do so.

Estrogen dominance, insulin resistance, low vitamin D, low iodine, low magnesium, low selenium a D1, one or D1 or two genetic snip. All of these things can push up reverse T3, so there are many different things that we can check and correct all day long to bring down reverse T3, but then sometimes a change in your thyroid hormone replacement, your thyroid hormone treatment is necessary.

So let me run a couple scenarios that I see in my practice. We get many, many patients coming in on T4 only. And I'm going to give you a stat T4 only only works in 2% of the population.

98% of us need T4 and T3 or T3. Only now patient comes in T4 only very very classic and conventional medicine. It is the standard of care because in conventional medicine, doctors and endocrinologists and OB gyns and your PCP are all taught that if TSH is above a 4.5, then we give T4 only period.

End of story. That was your lesson in thyroid folks, and that's what they are learning in med school. The thyroid is a very, very nuanced gland, and it takes a personalized approach to get you optimized.

So person comes in on T4 only. All of the symptoms the weight gain, the fatigue, the hair loss, the constipation, the frozen shoulder, the low libido, the brain fog, all of it.

And we look at the reverse T3 and we see obviously this is the problem.

Common Causes of High Reverse T3

This person has no active thyroid hormone coming in in the form of thyroid hormone replacement. And their reverse T3 is elevated. They are not properly converting all of that T4 medication over to T3.

So that's an easy fix. We lower the T4 medication, add in the T3, we change that ratio of what they're taking. So sometimes the T3 will actually be a higher percentage than the T4.

In order to push down that reverse T3, we check the boxes of all of the factors that could be converted, interfering and pushing up the reverse T3 person.

It's better because now we've lowered that survival mechanism. We've taken them out of survival mode. They don't need the reverse T3 elevated when they're walking around trying to live life, go to work, have a family, have a career, have have a social life.

Have a relationship, exercise, take care of themselves, run errands, and do all the things that we want to do in a day. We need that reverse T3 to be below a 12.

Now on this summit, al, Russ and I talk about reverse T3 a lot, so dive into that interview for sure. But I want to give you another scenario that I see so very often.

Patients will come into the practice and they will be on. And sometimes they've seen an integrative or alternative or functional provider. And here's where I have issues.

Not all functional integrative alternative providers know the thyroid. And the thyroid is very nuanced. So many of them will follow their own standard of care and functional medicine, and they'll put everybody on natural designated thyroid medication or armor and thyroid medication.

T4-Only Treatment and Why It Often Fails

Now, just because it has the word natural and it does not mean that it is 100% natural, it is still made by a drug company and a drug manufacturing plant, and it is a package pharmaceutical that you get at your local Walgreens or CVS.

It is 80% T4 and 20% T3. Now what do we say? Earlier, the only thing that converts to reverse T3 is T4. Now you have a medication that is 80% T4. Yes, you are getting 20% T3 and that is fantastic.

And that falls into the other stat that 98% of us need T4 and T3 or T3. Only. However, if you have a reverse T3 problem, if you even have checked all the boxes and you're doing all the things to lower your reverse T3, you're taking your vitamin D, you're taking your iodine, you are going gluten free.

You're checking your box for insulin resistance. You're using berberine or blood sugar to control that. You're doing all the things and that reverse T3 still goes up.

You might have a genetic snip that impairs conversion of T4 to T3, or you might just be on the wrong thyroid hormone replacement. NT is fantastic because it contains T3, but it's not the be all, end all, and many patients do very poorly on natural desiccated thyroid medication because of that 80% T4.

So what do we do? Sometimes we need to add in T3 and change that ratio of 80% T4, 20% T3. So now we add in some T3 and now maybe you're at 40% T4, 60% T3.

You still have the NT, but we've added in site of Irony and in the form of T3 to change that ratio and to push down that reverse.

Natural Desiccated Thyroid and Hashimoto's

Because when reverse is high, we need to pull down on that T4, we need to lower that dose of NT medication and increase the T3 somehow. And that is where life's ironing and side will come in to change that ratio.

The other issue I see with patients being on natural desiccated thyroid and having an elevated reverse T3, is that if

you have Hashimoto's, NTM might not be the best choice.

I would say it about 50 to 60% of my patients that I see, they don't tolerate NT very well. And some people will say, well, is it because of the fillers in it?

Not necessarily. If we think about what Hashimoto's is, Hashimoto's is an autoimmune condition where the soldiers that you have, I always call the antibodies, those soldiers, those soldiers that like to go out and beat up your thyroid because they think the thyroid is a bad guy.

That's essentially what autoimmune is. You have these soldiers that attack a certain gland Oregon body part. So if it's rheumatoid arthritis, it's it's attacking your joints.

Celiac, the villi in the small intestine, Hashimoto's your thyroid. So we have these soldiers going out and attacking your thyroid. Now here's the problem.

They know and see the thyroid gland is a bad guy. If we take natural desiccated thyroid medication that comes from a pig or cows thyroid gland, you, our soldiers, also see that as another invader.

And this is the problem that I have with many, many natural, alternative functional practitioners that claim to do well with the thyroid gland to treat your thyroid is that that's all they'll do is put you on entity.

Oftentimes we need a personalized approach to really get down and know you and look at how your body is responding. Do you have a conversion problem? Is your reverse T3 elevated that we need to change some things, or do we need to change your treatment protocol 100%?

Personalized Thyroid Treatment and Testing

Take out that and and let's use a combination of T4 and T3 separately so that we can control the ratio. The bottom line is you absolutely need to test your reverse T3 every single time you get a thyroid panel.

And if your doctor says no to testing, it's time to get a new doctor. But also, I want you to think about if you are on a treatment protocol and you're working with an integrative or functional practitioner, and that's all they do is now it's time to get a new doctor, you need a personalized approach to your thyroid.

You need to know what your body needs. Now the reverse T3 tells us a lot. It tells us a lot about you and whether or not you are converting. So that is one of the top tests to get.

In addition to free T3, we need to see those two numbers, and I want you to understand what reverse T3 is, and I want you to understand that it takes a personalized approach for thyroid treatment to get you optimized.