Podcast Introduction and Guest Welcome

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That's like your gas pedal. So I go back to her and like, can we add in some of the gas? Like it just makes sense. Can we had in the active thyroid hormones?

You're listening to the Lifestyle Medicine podcast with Dr. Ivan Rusilko, brought to you by Access Lab, where we explore new perspectives at the forefront of personalized healthcare.

All right. Welcome back to the lifestyle medicine podcast. I'm Dr. Ivan Rosilko, your host, and we're powered by Access Medical Labs. If your doctor's not checking your labs, they're not a doctor.

And do we have the thyroid fixed today? We have Dr Amy, who has made a career, not only personally, but professionally, in making sure that people's thyroids are at their maximum.

Dr, Amy I cannot wait to get into your story. You got your book, you got to your clinic. We're going to talk about all of that right now. But first and foremost, can you please tell us about your history as a fitness model and why the thyroid is so important about that?

Oh, Dr. Ivan, thank you so much for having me on. You had to know I was going there, by the way, so. I knew, I know, because, you know we share a similar love, right?

We do, we do. Just that whole challenge of getting your body in the best shape ever, that's why I did it way back in I wanted to see, and you know, listen, I was a fat kid.

I came from a family with obesity and type 2 diabetes, so I battled at a very young age.

Dr. Amy's Fitness Modeling Background

My body's propensity to hold weight. So when I in my 20s, really got into fitness because I really wanted that challenge of seeing where could I take my body from an athletic standpoint.

So I got into competing in figure competitions and I was doing fitness modeling. Now I, was one of those girls who always had to diet down. I needed like the 12 week runway of prep time for a show.

So, I wasn't walking around skinny and just could step in front of the camera in a bathing suit. Oh, I know I hated those people. I hate it up. We actually had to work a little bit.

Exactly. But you know, we busted our butts at the gym. we macro counted, We prepped food on Sunday, the whole deal. So I had done plenty of these shows.

knew what I knew how my body had respond. had a coach, checking in with the coach. The whole thing. Well, this one show I'm getting ready for, it's a national level show.

And every time I'm getting on the scale to give my coach my weight and my progress picks, the scales going up and the picture is getting bigger. And I was like, what's happening right now?

This is, so you start questioning yourself. You're like well, all right. Maybe if I go to the gym three times a day, maybe I'll cut like a couple hundred calories out.

I won't tell them. Well, just, I will just remove that sweet potato. You start, you start gaslighting yourself. You're like, maybe I'm not doing enough.

Maybe, it's me. And maybe, I am going crazy. So what I did is what all the listeners do too. I went to my doctor and I said what was going on. My doctor ran some labs.

Now I don't know what they were at the time, but we can certainly guess and we'll probably talk about that today. They were probably half ass labs, Ransom Labs and said the famous infamous, you're normal.

You're a normal type situation, right? Yes. The gaslighting, gas lighting, your normal, everything is fine. So, I left and I'm like, don't feel normal and don' feel fine, so I am going to go for a second opinion.

Okay. Well, that second, opinion turned into six, six different doctors. Who all told me I was normal? Do you know one of them actually told, me to eat less and exercise more?

Come on. I'm like, dude, how is this traditional medicine in a box here? I mean, geez, Louise, it's, It wasn't even possible. And I know there's listeners out there right now going, I literally doing all the things I've doing.

All the biohacking. Hey, that term too, doing everything and nothing is working. Yeah. That was the same for me. So finally, when I was diagnosed by doctor number seven, Okay.

Lucky number seven. And I was so happy, Dr. Ivan, just to get the name, right? So she goes, you have hypothyroidism. It's actually Hashimoto's, which is the autoimmune form of hypathyroid.

Here's a pill. So, I mean, naturally I did, a happy dance.

Misdiagnosis, Hashimoto's, and Finding the Right Thyroid Treatment

I partied all the way out to my car. That's like, hallelujah. And I had a pill, right? The pill is going to change my life. Well, that pill was T4, it was Synthroid, Levothyroxine.

Many of your listeners are on that right now and I got news for you. It's an inactive thyroid hormone. So I'm taking this thing, It is doing nothing. it's doing, nothing in my body.

so I do some doctor Googling. And I find out that this T4, it's inactive. It actually, doesn't do anything in our body. There's this other thyroid hormone called T3.

And oh my God, that's active. That's like your gas pedal. So I go back to her and I'm like, can we add in some of the gas? Like it just makes sense. Can we had in the active thyroid hormones?

She goes, ready? You're going to love this one. She says, That not standard of care. I don't that. Textbook, textbook nonsense. My God. So doctor number eight, who saved you?

I have to figure this out now. I'm curious. That's when I went into integrated medicine, functional medicine. We were talking off air back then. They didn't use the term functional, right?

It was integrative. It, it was still woo. it, was like alternative new age, Right? it. Was woo, which doctor, but you know what? He sat with me for 83 more minutes than any other doctor sat.

With me. And he gave me the answers that I needed. and he put me on the right thyroid hormone and I got my life back. I love that. Now, could you give me a favor and break it down?

Because there's probably people sitting there looking at their Lebo Thyroxine right now being like, what in the hell am I on? Can you kind of explain the difference between the T3, T4 combo pills or the actual T-4 itself?

Absolutely. So like I said earlier, as I was doing my research, and now I very much know this, T4, that is your inactive thyroid hormone. First of all, with the thyroid itself, just for the listeners, from head to toe, it runs the show.

So your thyroid runs your entire body from the hair coming out of your head to the cracked heels and your toenails on your feet. It literally runs everything in between brain function, mood, metabolism, gastric motility, immune system, the whole deal.

But. That T4, that inactive thyroid hormone does nothing in your body. It has to transform, it has become T3. So it as to do something we call conversion.

And as the convert and become the T-3, the active thyroid hormones in order for it to attach to any cell in you body and to you any job in body, so that's the key point right now.

that listeners need to know is T4 is inactive. So that levosynthroid you're taking, it's not doing anything unless it converts. Now, one of the things I say in my book is that T-4 to T3 conversion is like running 10 Tough Mudders in a row.

It's actually very, very hard for your body to do. Yep. Let's talk about what caused it and what stimulates it now. I mean, that's a perfect lead in, I love this.

So what causes that, well, what hinders that T4 to T3 conversion? Let's say that. So, What hindered that t4-to-t3-conversion? Insulin resistance, estrogen dominance, nutrient depletion, high stress, inflammation.

The American lifestyle. Right. Basically, you breathing. Exactly. Like liver, gut, genetic SNPs. I mean, the list goes on and on, and so you look at that list and you go, Well, yeah, now I get it why it's a hard job for the body to do, right?

It's very hard. Very hard, very, no, for sure. For sure, so, you go through the entire process. What was, what would you say, how long did it take for you to feel that T4?

Now all of a sudden you got some T3 going on. Was it immediate? Was there a few days? was it like a week? Can you explain that? I'm very curious. Gosh, I was so long ago, that the lights started coming on.

I didn't start losing weight that first month, but when you start actually giving your body what your needs, from a thyroid hormone perspective, it's almost like this dark veil lifts and the light has been turned on for the first time.

So for the first time I had hope, I felt like someone actually understood me. He explained my labs, he tested everything that needed to be tested, not the half ass labs.

Understanding T4, T3, and Thyroid Conversion

Right. And it's like, it just, you know, something just lifted for me. Now the weight actually started shifting by like month two and three, because my body was actually coming out of the dungeon that it was in for so long and it coming up out the hole.

Then it like now we can have a metabolism and not store everything that this person puts into their mouth. For sure, for sure. And again, it's a situation I don't think people understand that.

I mean, just because your thyroid is working and you get labs basically, TSHT-3-T4 are kind of the standard, correct? And that's kind, you know, where every doctor tests.

But I would say that is one-fourth of an actual equation in understanding what your thyroid is. So now, when it came to your diagnosis of Hashimoto's, can you explain to the listeners what that means and what was tested to actually diagnose that?

Yes, so to diagnose Hashimoto's, we test TPO or thyroid peroxidase antibodies and thyroglobulin or TGA or sometimes you'll see anti-TG on your lab. Those are both antibodies that test for the autoimmune condition Hashimoto's.

So let's break this down. When we talk about hypothyroidism, low and slow, so think hypo, slow and low. Low thyroid function, hypathyroid, 95% of all cases are actually autoimmune caused.

Only about 5%. It really is a lot. I mean, autoimmunity dominates when we're talking about thyroid issues. 5% will be from chemotherapy, radiation, sometimes eating disorders.

I mean, we saw a lot of hypothyroidism from just competing from people over exercising and under eating, they caused it themselves. Or like I always say, bodybuilders were the OGs of biohacking.

They would start experimenting. Right? We would start experimenting with some T3 to lose body fat for the show. And then they come out. Now they got a thyroid problem.

Right now. That's why they're 40 pounds heavier. We know most of it is autoimmune. So you have, I love using analogies for people to understand. You have these little soldiers.

And those are your antibodies. So let's say you test TPO and you see 100. 100 soldiers are going out and they're programmed incorrectly. These soldiers were programmed to think that your thyroid is a bad guy.

They go out, they basically start a war and beat it up. That's why over time we can look at a thyroid gland on an ultrasound and we could see that it's smaller.

It's like it has been eaten by jaws on all sides. And it just looks kind of funky. That is years and years of your antibody soldiers picking on and destroying your thyroid.

Well, it is true. Again, in my practice, we see it all the time. You can come in and see somebody is like, no, my thyroid is normal. No, it ain't. You know what I mean?

And like you said, low and slow versus hyper, which is, you know, high and not too dry. So it's a situation to where, once you can kind of see that, I think the thyroid and the adrenal glands are two of the most underutilized glands in the actual body.

And they are, and I don't know if you'd agree, pretty much inevitably mixed together, if we will. When somebody has adrenal fatigue or adrenal stress, they're going to see through the actually thyroid, vice versa.

Do you kind see when you start testing? Absolutely, because I always tell my patients cortisol needs T3 and T 3 needs cortisol. They play in the same sandbox.

Your adrenals and your thyroid play the in same sand box. Yep. No, very true. Usually when you see too much cortisol, what happens is the conversion of T three into T four in periphery goes down.

And your body does not want to catabolize. So it just doesn't say, let's stop. Let's build up the T4 and all of a sudden now you have an issue. Then comes my favorite thing to test that no doctor I know of, but I knew you do test for is reverse T-three, correct?

Right? I mean, that's like the ultimate warm there. And if people sit there and the doctors that do tests for don't understand the actual conversion ratio of that, you know, T3 to reverse T 3, which I think is just, it's probably one of the most in all functional biohacking, regenerative, anything you want to paint this wellness industry as that is probably the one most pivotal factors when it comes to any thyroid testing is seeing the actually rates between reverse t3 and actual t 3 itself.

Would you say so? Oh my goodness. Yes. And can I add on to that too? I've recently been saying this to my

community that the number one way to know, and this applies to functional and integrative medicine too.

The number way way know if your practitioner that you're working with, whatever their letters are after their name, if you are a practitioner knows anything about the thyroid, Do they test reverse T3 and do they actually look for the optimal number for reverse t3?

Because I gotta tell you, Dr. Ivan, I've seen a lot, we've had a lotta patients come from functional clinics. There's no reverse-T3 on the test. Checking boxes, and again, that's traditional and even nonsensical functional medicine doctors.

Hashimoto's Antibodies and Autoimmune Thyroid Disease

Again, you gotta think, in this industry we're in now, which has become the largest industry in medicine, it's The amount of people who are transitioning into this industry now who have no clue what they're doing yet parading as, oh, I have a million followers, this, that, and the other.

It's pretty terrifying. And the fact is, you know, reverse T3 is probably one of my favorite things to catch anybody on who's, who who was one those false profits.

I think reverse three, the most under diagnosed or under tested for hormone on the market, I would say probably. Yeah, yeah, for sure. And it's nice to talk to somebody who actually understands that, and the whole reason I understand that was of course, yes, that I was guilty of doing the side of most spike back in the Mr.

USA days and all that kind of stuff. 25, 50, 7,500 all the way back down was kind of that, that whole, you know, trick trick in the book, but you always have to monitor reverse T3.

And that's probably one of the biggest things. Someone will come in, they have a normal thyroid. You can just look at somebody and be like, yo, your overweight.

There's several different factors that you can pick out once you start to understand how the thyroid works. It'd be, like we should check a reverse t3 and nine times out of 10, it comes back high or that ratio is off.

Can you explain the actual ratio between reverse to three and T three? So when we're looking at, well, yeah, yes, and let me back up. It's just for the honor to know.

You were the guru. I'm just filling in blanks here. Love it. Analogies, stories. So when you're taking that synthroid, so everybody's sitting there, you got your synthroid, and you've got to leave.

Oh, yeah. Your tear is sent. You're taken that T four or you even taking natural desiccated thyroid medication, armor, NT, ren, thyroid, WP. That contains 80% T4.

So that T-4 hormone has two paths it can choose. It can go down the path and become free T3, your active thyroid hormone. That's what gets to your cells.

Or it could become reverse T 3. Now reverse t 3, I want you to think of it like a bouncer at a club. So reverse D3 is standing outside of your cell door.

It's blocking it. Blocking the entry and it's looking at the T3, trying to get in, going, yeah, you're not, coming in tonight. You're having a whiskey saying no, no chance, right?

No, no chance. You're not coming in. So if you think about it that way, that the reverse T3 is literally blocking your receptor site. Now there are practitioners out there that go, it doesn't actually block the receptor sites.

This is the perfect way to understand it. It's preventing T-3 from doing its job. Number one, we look at reverse D3 in and of itself. Is it under a 12? I want it less than 12. I'll accept less then 15. If your free T3 looks pretty and you are

feeling like a rock star, if you're saying that I don't have any symptoms and your reverse T three is a 14, 15, I'll go, okay, well then we're just going to keep an eye on it because you were feeling amazing.

That's cool. But if your feeling garbage, then no. Now that ratio, Dr. Ivan, i don' use that that much. I only look at the actual number. i want that reverse less than 12. What do you look after the ratio?

You're 100% because the whole concept is the amount of it plus how the patient feels. And I think a lot of people get bogged down in the actual lab tests and I was a patch Adams, which was probably the only reason I'm in medicine and practice like I do crazy and whatnot is you want to treat the patients, not the lab.

You know, our labs are kind of a guide and you know who cares if the labs says that the patience feels fantastic. If it's not broken, don't try and fix it.

And you know, I think when it comes to the thyroid, that's probably one of the biggest things that is broken, but we don't know it. And we start dumping things like estrogen and testosterone and growth hormone and peptides and NAD and all these other things, they get such good buzz worthy Instagram, social media nonsense going on.

Nobody is really talking about the thyroids because everybody is so scared of it and rightfully so. I mean like, can you touch on when thyroid supplementation or thyroid replacement can go wrong?

Sure, absolutely, yes. Gosh, and by the way, you're like a brother from another mother. We didn't even know that we were connected at birth, but now we're finding out.

Right, I mean, come on, it's all the fitness industry. SEO Paisano's here. Seriously. So yes, absolutely. It can go wrong. Go wrong in one of two ways.

Number one, you can be under-medicated, which that's the majority.

Adrenal Stress, Reverse T3, and Thyroid Testing

The majority are placed on T4 and really the stat, I heard this given at A4M, the Academy for Anti-Aging Medicine. There was a lecture being done and this woman said it beautifully and I agree with her mostly.

She gets up on stage and she's talking about the thyroid, I would say a hundred percent need T4 and T3 or T three only. I've never met a soul that is thriving and living their best life on T four only, so being under-medicated or improperly medicated will leave someone in that hypothyroid state.

And besides the symptoms, the weight gain, fatigue, hair loss, we have to realize that it is affecting our glucose metabolism. You can be a type 2 diabetic on carnivore if your thyroid is in the toilet.

It starts affecting the surveillance system for cancer cells. You know, we have this surveillance system that's looking for those mutated cancer cells to go out and destroy like FII We all have cancer sells like don't be yep Exactly.

So it's it spans disease states as well now on the other side We can be we can go hyper but truly hyper. I love that. You're right You know it. You're going to be icky and sticky.

Like, listen to the term hyper. What do you think that means? Hyperactive, hyper hyper, like you feel like, you drank 10 Red Bulls, Like you're gonna know, it before it shows up on a lab for goodness sake.

So true over medication. I don't see that often. Most of the time I'm seeing the other side. No, for sure. Another big thing when it comes to T4 only supplementation is the scary fact is when T-4 is placed in a specific environment, it's going to start converting to more T3.

So you can actually have a syndrome where you're sitting there trying to replace a jinky thyroid by giving T 4, even

if T four is a part of a T three complex, whatever it could be, and you just making the system worse.

The thyroid medication you take it because it contains T for that T, four just gets converted into T 3, T or reverse T from reverse to reverse, to three.

And then it takes months to get rid of that. Does it not? Yes. Yes, it does. Because, you know, sometimes you have to pull the T4 completely. Completely a lot.

You have a reverse T3 and a 30. It's like… Oh, yeah. That's just straight side of mills, straight T 3 and nothing else. Or T 4 you put in there, your terrible.

A lot of endocrinologists, which is sad. I mean, I'm in no way an endocrinologist. And I am a student of life. For me to go through it, and I think thyroid is probably Out of all the nerding out I do on my dog walks and whatnot, I think thyroid is probably my most enjoyable one from what iodine is versus what can prevent iodide from binding to the uracil and everything else in the system to like the whole pitfalls of treatment.

I'd think it's fascinating because it literally is your gas pedal. Yeah, no it is and it runs your entire body and that's why I'm really screaming it from the rooftops and thank you for helping me scream it for the rooftop because I don't know if you've noticed this trend, it's like we have 5,000 perimenopause books, we got 10,00 menopausal books.

That's good that we're finally getting a little bit of a spotlight on women's health and hormones, right? But again it like, what about the master gland over here?

I like waving flags like The one that actually controls your perimenopause and menopaus. Can we talk about that? Yeah, no. And again, it's such an important one.

Let's jump into conspiracies for a second. What about things like fluoride and bromide, and all these other things that sit there and displace iodine?

I mean, there is no thyroid without iodide. So the whole concept is we've been shoved fluor… I remember going up in class and they gave me that pink pill and you just swish it around your mouth.

Basically, I was killing my thyroid. Every time I did that, you know, and you have that in the water systems, this, that and the other. So I think, one of the biggest things I test here is heavy metal toxicity.

Seeing things like arsenic and bromide and all these different things, what they do to not T4 itself is the actual, even before T-4 and T3 is made from the conversion, correct?

Yes, absolutely. They're so toxic to your thyroid. they push up reverse D3, they are carcinogenic, so they will cause cancer as well. And the only thing that displaces them, basically pushes those toxins off of your cell is iodine because they're competing for the same receptor.

We can go back to seventh grade chemistry. the periodic table of elements. Remember that. So when you look at that, iodine is right next to the other toxic halides and halogens, fluoride, chlorine, bromine, the things we're exposed to every single day, every day.

And I mean, does it blow your mind that there are practitioners out there telling people to avoid iodide? Like, I don't get it. The sad thing is it used to, but after being in this industry for 16 years, not at all.

I mean, like with, with how everything is organized. Thyroid dysfunction is probably a multi-trillion dollar industry. When you look at. All the downstream from it.

You know what I'm mean? If your thyroid's off, you can name pretty much every single disease that can be linked to something being wrong with the thyroid or an undiagnosed thyroid problem.

Like we just talked about testing TSH 3T4 and 3t3. Congratulations. you're doing one third of your job. Having the thyroglobulin, the TPA is great. Reverse T3 is critical in everything because again, stress breeds more T-3 and we live in the most stressed population of people ever in history of humans.

I mean, more so than the back in days, you know what I'm mean? Like when you're chased by bears, our phone, amount of stress the phone causes both emotionally, physically and even just environmentally is bananas.

So the fact that reverse T 3 and thyroid like you said, great menopause is getting, you know, Hey, congratulations. That's great. I'm trying to get andropause and somatopaus and adrenal pause going.

You know what I mean? But the whole fact is thyroid, it's everything without the thyroid and nobody wants to pay attention because again, there are risks with it.

If you, if you give somebody too much thyroid. And again that's hard to do. pure rocker to do it. But I mean, that can hurt somebody. You're going to almost be doing it on purpose.

Kind of like what you were saying. It's mostly the under actual conversion of the actual thyroid that people are being forgiven. What is your favorite go-to combination, Phil, when it comes to T3, T4?

Thyroid Medication Options and Dosing Strategies

If somebody was going start as a physician watching this, what are you going mostly be like, well, this is probably the most best ratio of T 3 to t4 to start somebody with who seems to have a thyroid issue?

I'm gonna give you two answers. So when I get asked this by the general population, my audience, patients, I go, the one that works for you and the combination that work for and dose that worked for, that's my favorite.

Cause everybody's different. However. However, if I had to choose, so if we're taking someone that's on craptastic T4 only that is not going to work and we are moving them into a better place, then let's at least start with adding in 5 micrograms of T3 twice a day and let us tie trade up from there and monitor them and their body and how are they responding.

educate that patient to listen to their body, communicate with us upon any signs of getting a little bit hyper so we can be on top of it and adjust the dose.

That's if we're going with the, what I call the biosynthetic. So that's your, your Synthroid, Levotiracin, Tiracinsul paired with The Liothyron Incitamel.

They are, don't put them in the synthetic category and think that they're bad. I called them biosinthetic, They're perfectly fine. I'm on straight up lyothyrony and have been for 30 years, I am good.

But then we do have the natural desiccated thyroid and the compounded T4 and T3. So that's where NDT, we're taking a pig's thyroid gland, drying it out.

That is actually the OG thyroid medication from the 1800s. so that is how we used to treat thyroid is we just dry out a pigs thyroid glands and give it to you.

You'd eat it and you'd be good that is around 80% T4 and around 20% t3, give or take. So for patients that have an elevator reverse T3 or they tend to push that way, maybe we just use like 30 or 60 milligrams of armor.

And then we add in some liothyronine to change that ratio because we can control the ratio. Maybe Susie Q needs 70% for T four and 30% to three and John over here needs 70% T3 and like 30% for T4.

So we can compound it like that or we could add in T 3 with the NDT to change that ratio. I think a big thing to kind of point out as well, naturally our body produces more T4 than T3.

I believe it's a 14 to 1 ratio, if I'm not mistaken. Don't quote me on that now. It's just a situation. That's why you're going to usually see a much higher T to a T 3 ratio in it.

And again, like we had touched on before, If they have reverse T three creeping up, I would say get that T four completely out of there. Would you agree or would you still keep just little bit of T 4 in there?

Depends where the reverse is. Like if they're right at that border and they float around like a 15, 16, maybe I'll keep a little bit at T4. Cause I always say T four is like your savings account and T3 is your checking.

If you can have a bit in savings, we all want a lot bit tucked away for a rainy day. So we can some in saving, then we do that, but we have some over here in checking that we're spending from.

People like myself, I have to go all checking. I can't have any in savings because I'll go hypothyroid. So I've to put all of it in checking, i.e. T3 only.

It really depends on where that reverse is. If it's above a 20, hands down, we'll pull the T4. Are you multi-day dosing or is it just once in the morning or how are you doing with that?

Twice a day. I mean, some people have to go three times, you know, if they, If they just can't take, let's say a bolus of even five or 10 micrograms at once, Let's split it up over three.

But yeah, twice a Day will suffice. Yeah, it's more of a natural kind of, you know, fluctuation, if you will, on that. That's definitely super helpful.

And again, I loved your whole analogy of the whole bouncer not letting people in. It's basically like, T3 and reverse T 3, they're exact isomers of each other.

One's a key that works and one's the key goes in the hole and doesn't work. You know what I mean? So yeah, I think that's a great, great way to explain how detrimental reverse T3 is to not only life, but lifestyle.

You know what I mean? We sit here and talk about all these fun things like fitness and fat loss and all that kind of stuff. But when it comes to your thyroid, if it's not working, you were 100% right with the whole immune system.

You can't pick out cancer cells, your brain isn't working correctly, you're not myelinating correctly. You're having all these different autoimmune things kind of go wacky on you.

So yeah, I think thyroid is probably where every physician should start if they're going to jump into functional medicine. you start at the top, most important.

Thyroid adrenals, those are your major stresses, metabolism and everything kind trickles down far from there, right? Yes, absolutely. And actually to piggyback on your Parkinson's comment, there's been a recent study that I just came across that shows that a non-optimized thyroid, not just hypothyroidism, but a truly non optimized thyroid meaning you're diagnosed but you are not being treated properly, significantly increases your risk of Parkinson.

Yeah, it's insane, the whole malination process and thyroid hand-to-hand, you know.

Thyroid Health, Toxic Halides, and Broader Disease Risk

Well, I got to say Dr. Amy, It has been probably one of the most enjoyable podcasts I've had for a long time. You know what I mean? Like, and at the end of all the podcasts, always like to ask two questions and I'm super enthusiastic to hear what you have to save.

First and foremost, number one, for any doctor, practitioner, anybody with those letters after their name, who wants to jump in the old wellness industry, whichever branch it may be, What's the best advice you can give them from getting basically started out or perfecting the practice they already have?

That's a good one. Okay. So two things, I love what you said in the beginning. If a doctor doesn't order labs, they're not a Doctor. I also say if a Dr.

says no to the labs that you want to order, it's time to get a new doctor. test thoroughly, right? Just you want to get that full picture of your patient to be able to help them.

Don't be dictated by insurance because insurance is gonna slap you if you put on a reverse T3. You need all of the information. And then just like I tell patients, I'm going to tell this to any practitioner as well.

If you don't ask your patients these four words, if the patient doesn't hear these words from their practitioner, then you're not doing your job as a practitioner.

They need to go find somebody else. You ready? You got to write these down. I love it. How do you feel? Yes. Treat the patient. I love it. That's fantastic.

It goes back to what we were talking about, Patch Adams, right? How do you feel? Because those are key. Those are the key, you want the labs, the data, and then you the subjective because your patient is a living, breathing human being.

And regardless of whether you think they're crazy or they are making it up, it doesn't matter. Listen to them and ask them how they feel and pair that with the lab because that's going to make sense.

You, you, nailed it. I'm not going to lie. That was perfect. The second follow-up one you already kind of hit. If you're a patient who's now been so used to the whole seven doctors and still undiagnosed like you went through, if you could go back and give yourself some information on doctor number six or any patient, who has come to this industry being like, I want to check out this wellness industry because I don't feel good.

What is some insight or some, some sensei type information you can tell patients to look out for when selecting the correct. This is so good. I actually have a full chapter of this in my book too, but I'm gonna break it down.

So whether you are making an appointment with an insurance-based provider or you're going to pay out of pocket for a functional or integrative provider, What I would have done, if I could go back, is I'd have made a phone call and I'll have asked questions before handing over my copay or before handling over any form of payment whatsoever.

Such as, do you use T3 in your practice? Do you have a cap, meaning an upper limit of how much T-3 or Arm or Thyroid you will use? Because if they have cap that means they don't practice personalized medicine.

They're practicing their form of medicine, whatever's going on in their head. If they only use natural desiccated thyroid medication and not T3 or T4, that's a huge red flag.

That's not personalized medicine. So I would have asked all of those questions before I even made the appointment.

Advice for Practitioners and Patients

I wouldn't have wasted my time. I love that. No, very true. And again, these are all common sense answers to questions that nobody asks, which I think are the most important things when it comes to this industry.

Because again we are in an industry that is basically a reflection point in medicine as a whole to where people are done being lab rats or being down that factory based aspect of it.

So this has been an absolute delight. Dr. Amy, tell me about your book, where I can find it and where can I find out more about you? Yes, absolutely. Thank you.

So finding more about me, you can go to DrAmy.com, D-R-A-M-I-E. And from there you could book a call with my team. If you're interested in working together, we've prescribed to all 50 states, telehealth right from the comfort of your home.

We specialize in thyroid hormones. That is our jam. The book is called The Thyroid Fix, and I'm touting it as The thyroid Bible, the last thyroid book you will ever need.

And it will literally take you even if you're not sure, even, if, you know, like, oh, wow, I think I have a thyroid problem. I've had a lot of those symptoms, but I don't know.

I got you. So we walk you through a self assessment. We walk through what that, that master gland does in your body, just like we talked about today. And I literally take you, through teaching you how to read your labs, what kind of medication changes you'll need and how find and talk to your doctor to get what you want.

All right. I mean, I got to say this was spirited. You know, it's nice to talk to somebody who loves the thyroid as much as I do, especially reverse T3.

The whole aspect of this thing should have been called like, you know the Thyroid Fix Reverse T-3, get your head out of your butt and figure out what it means.

But I, mean like this has been so, so good. So I hope everybody gets to check you out. Again, this is the Lifestyle Medicine Podcast. We're powered by Access Medical Labs.

Get yourself checked, check your thyroid, and get ahold of Dr. Amy. Dr Amy, thank you so much. This has such a delight. Thank you so much for having me on.

All right, guys, have a good one. Thanks for joining us today on the Lifestyle Medicine Podcast. At Access Labs, every innovation we pursue is driven by one bold purpose, making personalized medicine more practical and accessible for patients and providers.

If this episode sparked new ideas or challenged how you think about patient care, awesome. Follow the show and share it with a colleague who's ready to level up their practice.

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It helps more practitioners like you find us. We'll see you next time.