

# *Armour Thyroid*

## **How To Monitor Your Treatment With Natural Hormone Therapy**

### **Should You Use Synthetic Hormones?**

The traditional approach is to use synthetic hormones like Synthroid/ Levoxyl/Levothroid (levothyroxine). These products only contain T4 hormone, they have no T3.

When a patient attempts to ask their physician for the natural hormone they are usually ridiculed and made to feel stupid that they would request an inferior hormone product.

The common argument the physicians give is that the synthetic provides steady hormone levels. What the doctors tend to overlook is that the vast majority of people can not convert the T4 to the active form of thyroid which is T3. This is easy to confirm by measuring the free hormone levels, but virtually none of the doctors use these tests.

### **Armour Thyroid--The Natural Alternative**

When one has low T3 levels, which are typical with synthetic hormone use, the brain does not work properly. It is important to use a preparation with T3 because T3 does 90% of the work of the thyroid in the body. So one should use a combination of T4 and T3 which compensates for the inability to convert T4 to T3. Armour thyroid is desiccated thyroid and has both T3 and T4.

A [1999 study](#) published in one of the most prestigious medical journals in the world, the New England Journal of Medicine, showed that the natural hormone product, such as Armour, was far better at controlling the brain problems commonly found in hypothyroidism. Nearly all natural medicine doctors tend to use Armour thyroid which is a mixture of mono and di-iodothyronine and T3 and T4, the entire range of thyroid hormones.

### **Armour Thyroid Dosing-- TWICE a day.**

The most common starting dose for patients with

hypothyroidism is Armour thyroid, 90 mg which is cut in half with a razor blade and half is taken after breakfast and the other half after dinner. Taking it after meals also helps to reduce volatility of the blood-level of T3. If the patient has any problem breaking or cutting the pill, they should purchase a pill-cutter at the pharmacy. The TSH, Free T3 and Free T4 are then repeated in one month and the dose is adjusted.

Taking the Armour thyroid twice a day overcomes traditional medicine's major objection and resistance to using natural thyroid preparations - its variability in its blood-levels. Most doctors using Armour thyroid are not aware that Armour thyroid should be used twice daily and NOT once a day. The major reason is that the T3 component has such a short half life and needs to be taken twice daily to achieve consistent blood levels.

### **Dose Adjustments With Lab Monitoring**

Once on hormone replacement, the dose should be increased until the TSH falls below 0.4. Then one needs to optimize the 2 thyroid hormones by using the Free T4 and Free T3 levels.

The Free T3 and Free T4 are used to monitor the treatment. They should be above the median (middle) but below the upper end of the laboratory normal reference range. The goal for healthy young adults would be to have numbers close to the upper part of the range, and for cardiac and/or elderly patients, the numbers should be in the middle of its range.

The Free T3 and Free T4 levels should be checked every month and the hormone therapy readjusted until the FT3 and FT4 levels are in the therapeutic range described. Once a therapeutic range is achieved the levels should be checked at least once a year. A small number of large, overweight, thyroid-resistant women may need 6-8 grains of Armour thyroid or the equivalent of thyroxine per day (counting 0.1mg of T4 as 1 grain of Armour Thyroid).

For those people who are already on once daily Armour thyroid should split their doses immediately and take half after breakfast and half after dinner. Since the only change will be in the FT3 level, which has a short half-life, the serum FT4 and FT3 levels (and TSH, if indicated) can be measured 48-72 hrs after the splitting of the doses if the patient had been on the hormone for 4-6 weeks before the splitting of the doses. This is because the Free T4 hormone

is the one that takes a number of weeks to build up to its steady-state serum-level.

### **Symptoms of Excessive Thyroid Hormone**

There are frequently only temporary during the adaptation stage. The symptoms may include: palpitations

- nervousness
- feeling hot and sweaty
- rapid weight-loss
- fine tremor
- clammy skin

### **What To Do If You Can Not Tolerate Armour Thyroid or Want To Continue Synthetic Hormones**

My experience is that well over 90% of people do much better on Armour thyroid. However, there are a small number of people who do not tolerate it. This is most frequently done with Armour thyroid. However, Cytomel, which is T3 only, can be used in combination with one of the T4 only synthetic preparations mentioned above. It is important to recognize that T3 should always be prescribed twice daily due to its shorter half life. This is typically after breakfast AND supper for compliance reasons.

If you are currently taking Synthroid (thyroxine), your Free T4 level is usually at or above the high end of its normal range and your Free T3 level is usually below. In this situation, one may then add 5-12.5 mcg Cytomel (pure-T3) after breakfast and supper daily, rather than Armour Thyroid or Thyrolar (synthetic T4/T3 combo).

Once or twice daily dosing one can then optimize both the T4 and T3 levels, with whatever thyroid preparation is required. This is not possible in most hypothyroid patients with T4 only preparations.

### **People Who Should Not Take Cytomel**

The only exception to pursue optimization of the T3 level without using Armour thyroid is in severe acute cardio-pulmonary conditions, such as congestive heart failure, when the metabolic slowing effect of a low FT3 level can actually be life-saving. However, the vast majority of hypothyroid patients do not have this problem.

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