

What patients have reported in their use of T3

- 1 Before starting on or raising, it's imperative to test for optimal iron and cortisol, report patients. Without one or the other, problems occur.
2. Patients start low if they've never been on direct T3, such as 2.5 mcg 2-3 times a day. Some might start on 5 mcg each time--it's individual.
3. With establishing 3 daily doses, patients learned to watch for signs as to when the 2nd & 3rd dose is needed i.e. the onset of fatigue, depression, etc. Doses end up 3-7 hours apart, but a 4-hour spread is common.
4. To imitate the circadian rhythm, patients have their highest amount of T3 first thing in the morning, then subsequent lower doses. Final optimal "total amount" of T3 is individual, based on removal of symptoms, good pulse/BP/temperatures, upper area range FT3, etc.
- 5) When raising T3 every 5-7 days in search of one's optimal dose, patients report they are looking for a good reaction (continued good heartrate/BP/ temperature) plus good energy and an optimal free T3. ***If hyper-like symptoms appear, such as high heartrate, BP or temp, patients go back down to the previous dose and treat the cause...usually a cortisol or iron problem.***