



Trim Healthy Podcast with Serene & Pearl

Talking To The Experts ~ Bonus Series ~ Episode 1

Expose The Untold Secrets with "The Thyroid Fixer"

Dr. Amie Hornaman Interview

Air Date 1/5/24- [Watch Here](#) ~ [Listen on iTunes](#) ~ [Listen on Spotify](#)

Dr. Amie Hornaman's Thyroid Journey

Dr. Amie... "My story started about 25 years ago when I started to rapidly put on weight. I was bodybuilding at that time, so my diet was broccoli, chicken, asparagus— I was going to the gym once or twice a day. I had this many times because of the shows that are a part of this lifestyle. I used to love the challenge of getting my body into the best shape possible... until my body rebelled against me. Every time I would go in for a check-up with my coach, the weight on the scale would go up. It was demoralizing. It messed with my mind, and I started to experience depression. I deprived myself EVEN MORE and my metabolism was shutting down. I felt like a failure because I had to quit my fitness program. Everyone that I had worked with assumed that I was 'eating too many doughnuts' or that I was going off my diet.

Looking back, it's clear to me that I crashed myself through the stressors of my intense lifestyle... excessive dieting and exercise, and nutrient depletion. But the first thing that I did was go to my family doctor. And he told me that everything was fine... he told me that I was totally 'normal.' But then I went to 6 different doctors. And they all said I was normal! I was thinking that I was the crazy one.

They were likely running normal thyroid tests (TSH)... But the 7th doctor that I met with diagnosed me with hyperthyroidism and Hashimoto's... they gave me Thyroxine (T4). But I always say, now, that Thyroxine alone doesn't work for 98% of those with hyperthyroidism. The vast majority need T4 AND T3. After months on the T4, I had no change. I was continuing to keep all the weight on, and I was continuing to feel all the normal signs of hypothyroidism— fatigue, tiredness, etc.

I started to research! And it became clear to me that there was a lot of buzz about doing T3 and T4 together. I brought that information to my doctor, and she said that she didn't do that. And so, I set my mind to finding someone who did. That led me to a functional (integrative) doctor. The first thing that showed me that something was different was that the doctor sat with me for an hour and a half! Most doctor's visits are seven minutes! But that was the time that he needed to get the full picture of what was going on in my system. He got all my labs, etc. I always say, 'If your doctor won't run labs, it's time to find a new doctor.' My body shifted when I started taking the Armour thyroid (a natural product made from animal thyroid glands— it contains T4 and T3).

It took nearly a year for me to become fully optimized. He started me on a heavier dose because he understood I had a big need. T3 is fast-acting and should be taken on a split dose because then it stays in your system all day.

This shifted my whole career and professional path. We had a robust medical care system where I was at—and one would think I could find a reasonable doctor... but after 6 misdiagnoses and 1 mistreatment... I knew I had to become a voice for women. No matter where you're at ...in a big city or a small town, they don't know the thyroid.

Question... We go to labs all the time. And we think to ourselves... 'Why aren't they being treated?' How many people are simply being mistreated??

Dr. Amie... 99%. The 1% is with those who have doctors who are making a full effort, but they're not able to help.

Question... Why give people T4 when people need T3?

Dr. Amie... T4 is inactive. T3 is active. Every cell in your body has a receptor site on it for T3... it's easily accessible. T4 is your 'saving account' and makes sense for some body types, but not all (everyone is genetically different). Most people can have some T4.

Question... What does T3 *do* for us?

Dr. Amie... It's like a lock and key. T3 comes and unlocks the cell... your metabolism, your brain, motivation, memory cognition. Every cell is activated by T3. In conjunction with the pituitary, the thyroid is the master gland... so it's like a conductor in an orchestra. Insulin and glucose regulation, etc. Why isn't more time spent understanding the thyroid??

Pearl and Serene... So, few doctors test for Reverse T3. Won't doctors test for it???

Dr. Amie... *They say it's only valid in a clinical setting. Meaning if you're in the ICU fighting for your life... So, what is Reverse T3?* It's like the bouncer outside the cell door telling T3 that's in the bloodstream looking for a connection – that T3 can't come in or connect. We need Reverse T3 in our bodies for an emergency or survival situation ... you don't need to be feeling energized or losing weight... all the normal things shut down... With reverse T3 we don't want it elevated if we're not in a hospital bed fighting for our lives. We don't want to be in survival mode when we're just going about our lives. Reverse T3 is clocking T3 from doing its job. Doctors need to break out of their boxes. The doctor should be looking for what is driving the Reverse T3 up!! Is it insulin resistance, estrogen dominance, stress, low Vitamin D, low iodine, or low magnesium? If we don't have the information on the Reverse T3, then, as a doctor, you'll be shooting in the dark if you try to optimize someone's hormones.

Question... Our thyroid hormones declined with our sex hormones. Is this common?

Dr. Amie... Yes. If you have Hashimoto's or during pregnancy, there can be significant shifts to your thyroid during pre-menopausal years. But perimenopause and menopause are also the time for tumultuous shifts. Testosterone is protective against autoimmune diseases... that's why women get autoimmune more than men.

Question... Because “optimized” TSH can sometimes look like a hyperthyroid disease in labs, can you explain the difference between being optimized and Graves’ disease (an autoimmune disorder that can cause hyperthyroidism or an overactive thyroid).

Dr. Amie... We must look at basic thyroid physiology... the feedback system that all hormones have. I have seen this on high amounts of T4 and T3 treatments ... we see that TSH goes down (most people feel best around 1) but it *appears* suppressed. Most doctors have been taught to respond in a very specific, archaic way... in a way that is borderline malpractice because when you look at thyroid physiology there is a negative feedback loop. Because the satisfaction of the pituitary gland allows it to stop ‘yelling’ at the thyroid. Personalized medicine matters! We need to ask patients how they feel instead of making assumptions.

Serene and Pearl... We need to flip the script because even though some things have changed, it’s still a long way from ideal. Most women aren’t in an optimal state. But if we continue to put the pressure on, we will continue to see changes.

Question... We have a natural-minded “crunchy” audience. What do you tell people who are wary of a prescription for Thyroid medications? They think... if only I can eat right, etc.

Dr. Amie... I get this question all the time. When we are replacing thyroid hormones, we are replacing a hormone that your body is no longer making. So, we have to categorize the broad topic of medication or prescription... and differentiate between band-aid medication from conventional medicine (blood pressure medications, antidepressants, sleeping pills), and root-level medications... We’re talking apples and oranges... This is HRT. You are replacing what your body naturally produces! The thyroid produces healthy things... we want to live a full vibrant life. Supplements can’t do what is needed if your thyroid hormones need to be replaced.

Dr. Amie: “Thyropause” is a phrase that speaks to how much the thyroid gland shuts down during menopause. The average age of the patients that I see is 45-47. It’s the time in a woman’s life when things change. These issues appear at these ages. But...How many women must deal with it until they’re 50, and then they put their foot down? Usually, they’ve been having issues for a decade, and they’ve just gotten so bad that they must do something about it.

Pearl: I like the phrase “**Thyropause**”. It’s funny that menopause is called a pause. Because it’s not a pause, it’s a full stop. Our thyroids aren’t going back to being 20 years old. I’m so thankful for my daily intake.

We’re going to get to Sex Hormone Therapy on our next episode with you!

[Click here for more Trim Healthy Podcast Summaries](#)