

T3 dosage and timing

I've got 10 mcg of compounded T3 to help with my high rT3, but I have to take it once in the morning 1 hour away from food. What's special about it and why does it need to be taken away from food? Also, what does it do in the body?

Compounded T3 (liothyronine) is a custom-made version of the synthetic thyroid hormone triiodothyronine, prepared by a compounding pharmacy to match specific patient needs like your 10 mcg dose. Unlike commercial options (e.g., Cytomel, which comes in 5, 25, or 50 mcg tablets), it's tailored for precise dosing, often in capsules or sustained-release forms to minimize T3's short half-life spikes. At 10 mcg, it's a low starting dose suitable for addressing high reverse T3 (rT3) without overwhelming your system—typical full replacement might range 25-75 mcg daily, split into 2-3 doses, but 10 mcg once daily tests tolerance while targeting rT3 imbalance.

Why Take It 1 Hour Away from Food

Food, especially calcium-rich or high-fiber items, binds to T3 in the gut, reducing absorption by up to 20-30% and causing erratic levels. An empty stomach maximizes uptake into the bloodstream, ensuring the full 10 mcg dose reaches your cells consistently. Some sources note T3 is less sensitive than T4 to this, but the 1-hour rule (or 30-60 minutes) still optimizes it, particularly for compounded forms where exact potency matters. Take with water only; coffee or supplements (e.g., iron, calcium) can interfere too.

What It Does in the Body

T3 is the active thyroid hormone—about 80% of what your thyroid produces is inactive T4, which converts to T3 for real work. It binds to receptors in nearly every cell, ramping up gene expression to boost metabolism: it increases oxygen use, energy production (via mitochondria), protein synthesis, and fat/glucose breakdown. This regulates heart rate, body temperature, brain function, bone growth, and gut motility. Effects peak 2-4 hours after dosing, fading by 12-24 hours, which is why splitting higher doses helps steady levels.

For high rT3 (an inactive T4 byproduct that blocks T3 action, often from stress, illness, or poor conversion), your 10 mcg T3 bypasses the conversion issue. It directly raises active T3, suppresses excess T4 (cutting rT3 substrate), and restores the T3/rT3 ratio (>0.2 ideal). This counters rT3's "brake" on metabolism, potentially easing fatigue, cold intolerance, and brain fog without relying

on faulty T4-to-T3 pathways. Track free T3, rT3, and TSH labs after 4-6 weeks to adjust.

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