

250528_DrEskander

Dr. Eskander

Hello! How are you?

Me

Good, how are you?

Dr. Eskander

Good, Good to see you. Thank you for waiting patiently. How are you feeling?

Me

Uh, okay. About the same as last time, but I'm managing.

Dr. Eskander

Nothing better, nothing worse?

Me

You know, it still averages out to about the same. Good days and bad days. Alright, let me enter your chart. I know we did the blood work and it was 8am fasting. We did a full kind of investigation from an endocrine standpoint as much as we can. So let me go through all the lab results. First of all, did you want to talk through other things first? No, you talk about the lab results because that's mostly what my questions were about. Okay, perfect. Let's go through the lab results first. And then, uh, let's see if there's anything else I can kind of guide with.

Dr. Eskander

So starting from the top. Well, first of all, any change in meds?

Me

No. No.

Dr. Eskander

Are you taking any medications right now?

Me

Uh, just the duloxetine. Okay, perfect. And then I got the...

Dr. Eskander

D and B12. Okay, perfect.

Me

D and B12. Let me tell you just right off the bat, I didn't end up increasing my vitamin D.

Dr. Eskander

Okay.

Me

What I did instead was I started getting a lot of midday sun.

Dr. Eskander

Okay.

Me

According to an app I was using, I should be generating around 2,000 to 3,000 IUs.

Dr. Eskander

Okay.

Me

Like 20 minutes in the midday sun.

Dr. Eskander

Okay.

Me

And I eat a lot of salmon too.

Dr. Eskander

Okay.

Me

So, um, that...

Dr. Eskander

Well, being outside and getting some sunshine. Of course, like, be careful and do sunblock and all that good stuff.

Me

Absolutely.

Dr. Eskander

But being outside and getting some sunshine is like, a therapy for so many different things I think that's great.

Me

I love it.

Dr. Eskander

Okay. So, cholesterol looks good. Your HDL, which is the good cholesterol, is just a little bit low. The good cholesterol is mostly genetics, but the only way to try to increase it is exercise, like pretty serious, intense exercise, and red wine from time to time. I'm not telling you to pick up drinking.

Me

One's possible, one's not.

Dr. Eskander

Do not pick up drinking just for the HDL, but if someone offers you a drink and you're going to say yes, opt for red wine.

Me

Red wine.

Dr. Eskander

It does help with it, but you don't need to start red wine for it by any means.

Me

Okay.

Dr. Eskander

Um, we are... I'm going to jump around to things that group together. Okay?

Me

Okay.

Dr. Eskander

Your parathyroid hormone and your calcium and your ionized calcium and your vitamin D are all okay. Your Vitamin D is a little bit on the low side still. I usually, um, recommend for patients to increase their vitamin D supplements because it's hard to get enough through sunshine. Having said that, 25 is not alarming. And, um, there are some ranges that actually consider 20 to be the lower limit of normal. So, if you prefer to not increase the supplement, you don't have to.

Me

Here's a weird question though. That doesn't make sense to me. Last time we got tested, I was 28. I actually increased my vitamin D synthesization, whatever, by 2,000 to 3,000 IUs.

Dr. Eskander

You increased what? The actual amount you're taking?

Me

I started going out into the sun. I know, but the sun, it's a little bit... That was my question.

Dr. Eskander

Is it... Yeah, it's not actually, and I know like there's an app or something that said, but it's not actually like your skin color and my skin color. We can spend the exact same amount of time in the sun. I might pick up more. You might pick up less. It's not exact. So, that's why we usually say supplements are more helpful. But also, 25 and 28, that's like within range of error. So, to say like it dropped after going in the sun, I don't think you can really say that.

Me

Sure.

Dr. Eskander

But it's not like... It's not a alarming enough situation where we say like, "What's going on? Like, why is your skin not absorbing it? That should be evaluated" It's just your vitamin D is a little low. So, it may not have been long enough that, you know, to wait and see since the changes you've made by going in the sun a lot. But to me, if your goal is to increase your vitamin D level, that's your goal, the way to do is with supplements because that's what will work.

Me

Okay.

Dr. Eskander

But if your goal is like, "Well, I don't really want to take extra supplements if I don't have to," then that's okay. Just keep going outside and getting some fresh air.

Me

No, I have no problem increasing the supplement. The reason why I didn't want to do it at first was because it was causing twitching, which I believe to be low magnesium, which doesn't seem to be the case. I've heard functionally the magnesium, I know I'm jumping ahead here a little bit, but functionally it is in the right range, but functionally it could be still low.

Dr. Eskander

So, I never check this magnesium. I only checked it because it's the one you requested. So, I can't really tell you like where this falls for most patients. I usually just check the regular magnesium and we like to see it, you know, above 2, 2.2 or something like that. So, this is why I'm usually hesitant to check a test. I don't usually check because I don't have enough experience to comment on it.

Me

Sure.

Dr. Eskander

But this is in the normal range.

Me

Yeah.

Dr. Eskander

Magnesium at night, by the way, is usually just a good thing in general. You can take some magnesium at night.

Me

Yeah. I'm going to consider trying it.

Dr. Eskander

It helps with the relaxation and all of that. So, bringing us to the next point, your pituitary function and your testosterone levels are all normal. They are appropriate. And testosterone is looked at in a few different ways. We look at the total testosterone, then we look at the free testosterone, which is calculated based on the sex hormone binding globulin. Everything falls within good range. And your pituitary function is also within good range. Your celiac panel, you do not have evidence of celiac. You do have evidence of potentially some inflammation either in the sinus tracts or in the gastrointestinal tract. That's why that IgA level is just a little above normal. This is not something alarming or consistent with celiac. It is more consistent with usually mucosal inflammation. So, either in the sinus or in the gastrointestinal tract. I can't comment on it much more other than it's not celiac. But if you have symptoms of like congestion or anything like allergies or something like that, you could chat with your primary about it.

Me

Yeah, definitely. I plan to send these all to my primary care doctor with like a write-up of questions on the front.

Dr. Eskander

Perfect.

Me

But Dr. Chia, I don't know if this is kind of a similar thing, but he recommended us to immunologist.

Dr. Eskander

So, they would be able to weigh in on that, yeah.

Me

Because I did have an IgG deficiency years ago that we never really looked at.

Dr. Eskander

Yeah, they would be able to weigh in on that. Your glucose, your kidneys, your electrolytes, sodium, potassium, calcium, liver function is all great and normal. Your pituitary function, including the growth hormone is normal. Your ACTH and cortisol are normal. So, this cortisol level, although it's 0.7 out of normal range, this is still a very reasonable level. And we further confirmed that by looking at the pituitary trigger of it. So, this might just mean it was a bit of a stressful blood draw. You were a little stressed in the morning. You were rushing to get to the lab. Any one of those things can make it fluctuate a little above the upper limit of normal. But we would, if there was a true adrenal overproduction, we would see that the ACTH, the pituitary hormone is abnormal. So, the fact that it's normal tells us this is a variation of physiologic.

Me

Got it. And I'm sorry, I never mentioned, I am recording, if that's okay.

Dr. Eskander

Okay. Sure. Yeah.

Me

I'm sorry. I totally forgot I had it on until I saw it.

Dr. Eskander

No problem.

Me

So, these are normal fluctuations though, because over time it has been up and down.

Dr. Eskander

Exactly. Okay. Exactly. Yeah. Mm-hmm. And that's why we check the pituitary function to go along with it. And then continuing on with the pituitary function, your prolactin level is great. Your thyroid level looks normal. Your... Your insulin level is appropriate.

Me

Yeah.

Dr. Eskander

And one of the most reassuring things I see on here is a normal inflammation marker. The CRP, when the CRP is normal, that is a very reassuring and rare thing to see actually. Most people have a degree of inflammation. On your blood count, the one thing that stands out is your total blood count is a little bit high. So, we can see that, or that's the red blood cell count, which is basically the opposite of anemia.

Me

Right.

Dr. Eskander

We see that in a couple of different scenarios, the most common of which is actually dehydration. So, if you're dehydrated or did not drink enough water, even leading up to this blood test, that can do that. And if that's the case, obviously drinking water will reverse it. Every now and then, it could be related to, if someone is a smoker and you're not a smoker, it can be related to sleep apnea. So, if someone has sleep apnea, their body compensates by making more red blood cells. So, if you have not had an evaluation for sleep apnea, it's something to consider.

Me

I have, sorry to interrupt, but quick. Question, because it just came to mind. I have increased my lean red meat intake a lot lately.

Dr. Eskander

That's great. And I, no, I don't think that would be.

Me

No?

Dr. Eskander

No, no. It's usually one of those three things. And it is very mild, by the way, and it was normal before. So, this is not anything I'm alarmed by.

Me

Yeah.

Dr. Eskander

But if you had questions on why it looks like that, that's what I would say.

Me

Okay.

Dr. Eskander

All in all, from my standpoint, this looks good. This really does look quite reassuring.

Me

Okay. So, then to wrap it up, you're satisfied with the vitamin D stuff.

Dr. Eskander

Yeah. So, I think for the vitamin D, if you increase from 2,000 to 3,000, you'll get more bang for your buck. You can still continue to go outside. You're far from the vitamin D level being too high.

Me

Yes.

Dr. Eskander

So, you can still, you know, go get some sun and also increase the...

Me

I like to try increasing it because I've never had my vitamin D high, like in a, not high, but in a normal range for an extended period of time.

Dr. Eskander

Yes. So, I want to tell you that that actually does make a difference in fatigue.

Me

Yeah.

Dr. Eskander

Like, there's a lot of neurologists that like to see the vitamin D level almost on the too high range, 50, 60, 70. So, I do think that's like a very low risk thing to do.

Me

Okay.

Dr. Eskander

To try to optimize your level. So, all in all, things look good. I'd like to check back in. I'll say

in about another six months, we've been watching your calcium, your parathyroid, and your vitamin D. So, I'm going to keep on watching that and we'll see how you are in about another six months. But things really do look pretty reassuring.

Me

Okay, great. So, then about the, if we're going to test the vitamin D again, does it make sense to test the D2 and D3 separately?

Dr. Eskander

We can. Again, usually, that's more if we're concerned that someone is like not able to convert some of the vitamin D to different sorts of vitamin D or they have a liver issue or a kidney issue. In this case, it's not necessarily that helpful. Like this usually is sufficient.

Me

Okay.

Dr. Eskander

Again, if you want, I can add it. It just won't really give us new information or something that would change what we do.

Me

Well, I trust your opinion on it.

Dr. Eskander

Yeah.

Me

It's just something I heard about it.

Dr. Eskander

This is a very standard. Your level is very common. We see this level and usually just the 25-hydroxy vitamin D, which is what we're checking, gives us all the information we need. That along with the parathyroid hormone and all of that.

Me

Okay. All right. And then cortisol is all good. You feel that after doing all these tests, totally good.

Dr. Eskander

Yeah. I think this is just like a fluctuation within normal.

Me

Okay.

Dr. Eskander

Yeah.

Me

Then the final things are, I'm going to send these other things to my primary care

physician, you know, the lipids and stuff.

Dr. Eskander

Absolutely.

Me

You don't think the, I mean, this might be more question for him, but you don't think that duloxetine can affect the lipids, do you?

Dr. Eskander

That's a good question. I cannot answer that with 100% confidence. I can tell you I have a lot of patients on duloxetine. I don't think. You're talking about just the HDL being a little low?

Me

Yeah. Because that's why I get the lipids checked because I'm on these things.

Dr. Eskander

Okay. You know, I'm not too worried about that HDL. Um, let me just see if we've got it in the past. It did, your HDL did drop from like last year to this year from like 46 to 39.

Me

Yeah.

Dr. Eskander

But it's still, you know, I would say picking up exercise will probably be a useful thing and may just bring it up to normal. It's just one point lower than normal.

Me

Yeah. For me to exercise is going to take a very long time though. I have to work up from basically nothing.

Dr. Eskander

I, I do understand. And I think still even just like a 10 minute walk a day might be useful.

Me

I can't even really walk outside though because when it's hot, I get extremely dizzy for the rest of the day. Um, one thing I tried. So what I do have though is a recumbent bike that, uh, I might try at the end of the day just doing like five minutes and then working up.

Dr. Eskander

Yeah. Have you seen a cardiologist for evaluation of like pots for you?

Me

My heart is fine. Uh, yeah, we did, uh, a standing test.

Dr. Eskander

Okay.

Me

It didn't look like, uh, we never did a tilt table testing, but just from a standing test, my blood pressure did not, you know, respond in a way that was indicative of that.

Dr. Eskander

Got it. Okay. Um, I think if you can work up to a little bit of walking every day, one thing I tried today for the first time and I, I think it'll be a keeper is I just woke up really early at 6am. So, so that I got like a 20 minute walk outside and it was really, you know, combination of getting some fresh air, getting a little bit of sun, although there wasn't much sun at that point. Um, and just, you know, just kind of clearing my head, starting the day on a good note. I know you will have to work up to that, but even just a five, 10 minute walk, I think may be helpful.

Me

Yeah.

Dr. Eskander

I would just give it a try.

Me

Yeah. I bought that recumbent bike. So I'm going to try that. I've walked a lot in the past and it's always resulted in, um,

Dr. Eskander

More fatigue.

Me

Yeah. Pretty bad fatigue for the rest of the day, even in cooler weather. It's better in cooler weather, but yeah, you know, still problematic.

Dr. Eskander

Okay. Okay. Well, you, you know what you need. So definitely I respect that. Come on up. Let me examine you. Big deep breath in now. Hands straight ahead like this for me. And you've seen rheumatology before, right? Put your hands down.

Me

Yeah.

Dr. Eskander

Have you been evaluated for chronic fatigue syndrome? ME chronic fatigue syndrome?

Me

Yeah. That's Dr. John Chia

Dr. Eskander

Okay.

Me

Yeah. But that's still mostly a diagnosis of exclusion.

Dr. Eskander

Correct. Yeah.

Me

Mostly.

Dr. Eskander

But we are excluding a lot of things. Yes.

Me

It does. It could be. It very well could be. I mostly fit the criteria.

Dr. Eskander

Mm-hmm.

Me

There's one or two small things that don't fit.

Dr. Eskander

Mm-hmm.

Me

But it doesn't mean I don't have it.

Dr. Eskander

Mm-hmm.

Me

It's still very much, you know, unknown, underfunded, misunderstood.

Dr. Eskander

Definitely. But that actually is then the exact thing to think of when it's like a patient who's gone through a lot of doctors and everyone's like, "Oh, nope. There's nothing wrong. You look great."

Me

Absolutely. That's why I go to, that's why I go see Dr. John Chia. But I still, I still, well, I don't have, if, you know, if, if there's nothing here, I don't have to keep coming back here with you.

Dr. Eskander

Okay.

Me

You know, I could always go to my primary care physician and ask him to do these tests.

Dr. Eskander

Absolutely. I think that's fine, too.

Me

I'm just trying to rule out every other differential diagnosis that people with ME might get missed with, you know?

Dr. Eskander

Absolutely. Okay.

Me

But it seems like after all the tests, 'cause we've done extensive testing, it does seem like... Things are good from this standpoint.

Dr. Eskander

From this standpoint. So let's...

Me

I think the next thing I need to do is talk to an immunologist and work with a neurologist, 'cause it could be, I don't know, I have tons of neck issues. It could be a mechanical thing. I don't know.

Dr. Eskander

Okay. Well, do you get migraines, by the way?

Me

My headaches have increased. Now, I did get a migraine aura, like last year, in migraines, or headaches have been increasing, but nothing I would say in migraine.

Dr. Eskander

Yeah. My brother's going through a lot of very similar issues as you, so he really struggles with migraines as well. Um, and he's had a whole gamut of tests, just like this, searching for the answers, so I do understand. Um, well, it's no problem. If you feel like your primary can keep an eye on your blood work, then that would be just fine. You can get plugged in and continue home with your primary.

Me

Yeah.

Dr. Eskander

If you need something, you let us know.

Me

I think that's fine. And then, you know, again, if it gets, if it gets really bad, uh, maybe I'll check in with you again.

Dr. Eskander

Yeah.

Me

I'll talk with my primary care first, of course, but, uh, but yeah, appreciate as always, uh,

listening and putting in, you know, the tests and going through it with me.

Dr. Eskander

Yeah. Yeah. Well, I hope you do get answers. I know how frustrating it is on the patient end to feel like you're not making mixed progress.

Me

Yeah. It's tough. Life kind of feels at a standstill, but, uh.

Dr. Eskander

I will say there is, and I know it may not feel that way, but there is benefit to just the ruling out of things, right?

Me

Absolutely.

Dr. Eskander

Because a lot of the things we rule out would be really life altering if that diagnosis is there. So I'm glad that that's not what's going on.

Me

Yeah.

Dr. Eskander

Okay. Good to see you.