

250501_DrVaru

Dr. Varu

All right, that news is scheduled for your physical today, is that right?

Me

That's right.

Dr. Varu

I know you left me some paperwork. I'll take a look at it when I get the opportunity.

Me

It's a lot, but I left just the front page just with the one that I'm taking.

Dr. Varu

I appreciate it. Yeah, just so we can all be on the same page with that. Vitals are looking good. A couple pounds on your weight, but still in the range that's considered good. Hopefully you're tracking it.

Me

I track it every day. It's not muscle. I started eating more, but healthy, but still eating more. I pulled it back a little bit, so now my weight should be going down again.

Dr. Varu

So the constituents of your food, good, maybe portion sizes, something we need to work on a little bit?

Me

Lots of oils and fats, which can run away from you if you're not careful. Even olive oil and avocado oil still. It's fat.

Dr. Varu

So glad you're doing those. Glad you're doing those. Yeah, absolutely. That, you know, a lot of things to say about our new chief of our health department. But I think the thing that he does have right is our food chain is terrible. Right? There's a lot of processed foods, tons of processed foods, and all these seed oils and hydrogenated vegetable oils are really contributing to some bad outcomes. And it's not easy because everywhere we go, if we eat out, you're going to get that. Those are cheaper oils. They're more readily available. And unless they emphasize that they're working with, you know, specific olive oil or avocado oil, you're going to get some of these [bad oils]. So we control what we can control. Don't eat out a lot. Eat at home. We eat less processed foods, hopefully as much as possible. And whole foods, right? Not necessarily from whole foods, but whole foods in particular are good for us. And we moved away from that. So, yeah, portions do count, but

more importantly is what we're putting into our bodies. And look, your BMI is still in the right range. I'm not a big BMI guy. I don't like the BMI. It doesn't give us a lot of information if you ask me. But what you can do is measure your waist. That's really a tall tale side of how healthy we are. Because as our visceral fat load gets bigger, our waist gets bigger along with that.

Me

You talk about the pinch, or you talk about actual circumference?

Dr. Varu

Circumference.

Me

Yeah.

Dr. Varu

They're going to replace this BMI at some point, hopefully sooner rather than later with a waist to hip circumference ratio. And that kind of levels the playing field a lot, right? Because people that come in now, they're [unintelligible]. Lean as can be. They have a muscle mass. And their BMI's are like 30 plus.

Me

Yeah, it does make sense.

Dr. Varu

Yeah, by definition, they're obese, right? So if an employer calls for biometric analysis, insurance is asked for anything, what do they ask for? The vital signs and the BMI. And it's unfair for them. And it also under-evaluates patients that have a high fat mass. So if you have very little lean muscle mass and you're carrying a high fat load, your BMI is going to be artificially lower. We see this in Indians, right? In Indians, because our diets are, in India, our diets are so heavy on carbs and so little on protein. You get these, like, you know, thin arms, thin legs. They're not really particularly looking obese. But you check their body fat content and they're like 25, 30% body fat.

Me

They call it skinny fat.

Dr. Varu

Skinny fat.

Me

Skinny fat.

Dr. Varu

That's right. That's a bad place to be. So, you know, you're nowhere near anything like that. Your BMI is in a good place. We just change that distribution of fat to muscle. It'll be helpful. We get there through cutting out carbohydrates out, particularly these simple

carbs, right? So starches and sugars.

Me

Yeah.

Dr. Varu

Replacing them with fiber, green leafy vegetables, whole grains. Fat, also trans fats and saturated fats. We want to reduce that as much as possible. More monounsaturated fats. You mentioned it right? What else?

Me

I do a 30, 30, 30, 40 split, 30 protein, 30 fat, 40% carb split. And it's, I think it's working well.

Dr. Varu

What are those carbs? What are they?

Me

Carbs mostly consists of whole oats, quinoa, farro.

Dr. Varu

Yeah.

Me

That's pretty much what makes it up.

Dr. Varu

Yeah. That's all fiber.

Me

Yeah.

Dr. Varu

That's all fiber. So those are good carbs. Have at it.

Me

I made sure to try and pick the best ones I could.

Dr. Varu

Yeah. Quinoa, another great one, right?

Me

Complete protein.

Dr. Varu

Yeah. Complete protein and fiber. Fiber and protein. Really, that's all in there. So if you're going to look at labels, I absolutely recommend you do. Unfortunately, the USDA does not label trans fats for whatever reason. they've kind of focused in on saturated fat. So that's what's on the labeling system. You can find it, right? Google will tell you what's in your

foods. But it at least breaks it down into how much carbohydrates. So you tell you the total carb content and right underneath it will tell you sugars. Forget about that sugar. Don't even look at it. Look at the next number, which is the fiber, right? So total carbs minus that fiber, all the rest is bad.

Me

Yes.

Dr. Varu

It's not just sugar.

Me

We want net carbs, yeah.

Dr. Varu

We want net carbs, minus fiber. It's better to have a high fiber content, but you want to know what bad stuff you're putting in, minimizing that is important.

Me

Yeah.

Dr. Varu

And then as you mentioned, calories do count, you know? And you're young, you've got a good metabolism still. You know, you get an old and ancient like me, your metabolism will slow down like it does for all of us.

Me

Yeah.

Dr. Varu

And then, then these things will start to have a bigger impact on our overall health. So maybe what happens now makes a big difference.

Me

I redid my whole diet and I was just eating too much. So I had to rescale it and everything. But now I'm at like a very slight deficit. So I should be dropping weight. But in the big packet of documents I gave you there is a, I think it's like a two week average of my nutrient makeup, what I eat and track it on my phone. So I think you'll find it's pretty.

Dr. Varu

I love the fact that you're doing that, right? You're paying attention. So we do so mindlessly eat. We just go and get what's easy. Because we burned the candle at both ends and, you know, we're strained as a society. Americans, we're not healthy because we make bad choices, right?

Me

Yeah.

Dr. Varu

Focusing on work to a significant degree, that cuts down our time to get some line on our, which we need. That cuts down our time to make these healthy choices and planning for them. That takes time and dedication. So I'm glad you're looking at the, not only the macros, but the micros. And getting a good idea of what you're putting into your body.

Me

And I know we have to keep moving, but one quick question on that. Is there a problem if I eat the same thing every day, as long as it's a complete picture?

Dr. Varu

Absolutely not.

Me

Okay.

Dr. Varu

If you can handle it.

Me

I can handle it surprisingly.

Dr. Varu

I mean, for me, listen, I have a salad every single day.

Me

That's the thing. I have a salad every day.

Dr. Varu

With a protein, right? And, but after that, like having dinner, the monotony of things gets to me. So changing it up. But overall, if the breakdown is about the same and you're tweaking just what you're eating, I'm fine with it. If you don't want to do that and don't have variability and you're happy with what you're eating, by all means, there's no problem with that. Just get a, just get a good broad, you know, intake of, of the proteins and then of the good fats and also the good carbs.

Me

Yeah. Fish, you know, chicken.

Dr. Varu

Salmon being the best of that, right?

Me

Yeah.

Dr. Varu

Wild caught salmon, super high in Omega three.

Me

I wish I could afford wild caught.

Dr. Varu

I know.

Me

I get the frozen farmed from Costco, which is not as good, but.

Dr. Varu

Yeah. Yeah. Salmon's still good for you. Salmon's good for you any which way.

Me

Yeah.

Dr. Varu

All right. And then for exercise, 150 to 200 minutes a week and cardio still is the recommendation, kind of like the, the, the, the floor level of how much we should be doing. Increasing strength training, right? You know, sometimes we just do cardio. Sometimes we just do strength. We really need to be doing both in order to get the maximum benefit. Cardio will get us, you know, some burning of calories. It helps us keep that ticker in check, but not very good at transitioning fat into muscle. That's where weight training really comes in.

Me

Yeah. I always liked the weight training, but I had a, you'll see on the doc, I had a bad lowering in my baseline in January, right before I got sick. I thought I was getting to a point where I'd have to do something with my job. I, sitting on my desk, I couldn't hold my head up. Like the muscles in my neck were just weakened and tiring out. Um, thankfully a part of all of this, we were talking about my diet changing up. I made a whole bunch of life changes in, in late January, which has kind of got my baseline back up a little bit.

Dr. Varu

Loving that. Good for you.

Me

Uh, but it's not where it was before, which makes it difficult to exercise. But what I did is I bought a recumbent bike.

Dr. Varu

Okay.

Me

Um, and I just started at the beginning of this week doing just 10 minutes a day.

Dr. Varu

I'd go gradual.

Me

Yeah. Right. Um, very gradual.

Dr. Varu

Especially with these chronic fatigue syndromes, too little or too much. And you need that right porridge, right? The, the middle one where it's not too hot, not too cold.

Me

Yeah.

Dr. Varu

Um, so work up to that. Uh, there's no limit to what you can do. Just gradually increase the intensity and amount that you do slowly over the course of time.

Me

Yeah. I think 10's working out, but I'm feeling a little bit crashed today. So I might have to pull it back a tiny bit and then work it up.

Dr. Varu

Yeah.

Me

I feel great after doing it, you know?

Dr. Varu

So where are you with, um, any recent COVID boosters for you?

Me

Um, no, I had COVID last almost a year ago, actually now. So last I talked to my, uh, ME specialist, I was asking about getting boosters. I was like, "you just got sick." This was like in the fall the last time I asked him about it. "So you just got sick. Don't worry about it now. I said, all right, but, um, so the, the boosters have made me feel very weird. So I was thinking of trying the, um

Dr. Varu

Novavax?

Me

Yeah.

Dr. Varu

That's a more traditional shot. Um, I have patients that have moved over to that and they've tolerated it well. Um, look, you get about a three to six months window of antibody support, whether you get an infection or you get an inoculation with the vaccine. A year you're going to have some antibodies. It's not like a day, you know, 180, it's gone completely, but it's down a substantial amount, putting you at higher risk of getting COVID. Um, you're, you're healthy, right? I know sometimes you may not feel that way with the fatigue, but all the parameters suggest that you are pretty healthy. So you're not a high risk patient. It comes down to personal choice for you, right? And if you are, look,

mRNAs do show a certain amount of pericarditis in men in your age who are 30s, essentially. It's really the only area we see abnormalities consistently. It's a small number and it's almost always self limited and people get better.

Me

Yeah.

Dr. Varu

But if you want to avoid that and you don't feel good on getting the shots, then you don't see that with the normal backs, right? Traditional shots.

Me

Yeah. I've always been doing with the traditional shots.

Dr. Varu

But I would do it, I would do it around October if you're gonna do it. Don't do it now because the season is, you know, we didn't have a bad season anyway. To begin with this past winter, we've been really mild for COVID. Probably because our summer was so bad the year before.

Me

But that's the thing. I always get sick in the summer, which is crazy.

Dr. Varu

Well, so you can get this at any time, but the conventional wisdom is around October is the best time to get it because the circulating levels are highest.

Me

Yeah.

Dr. Varu

But you can get it anytime and you can get it up to four months after again. Now, they don't recommend getting it more than once a year for someone with your risk factors. So whenever you get it, set it and forget it and try to go back and see if that works out.

Me

Yeah. People do it at the same, right, at the same time as the flu shot. Maybe I'll just try that.

Dr. Varu

Yeah. Yeah. That's right. That's a good time to get both those. Tetanus is still good for you. Did you ever end up getting that Gardasil?

Me

No. No, I didn't. Sorry.

Dr. Varu

That's fine.

Me

Yeah.

Dr. Varu

They have increased the age group to 45 with a lot of time to decide, but once you get those three shots, you'll never need them again. Right?

Me

So yeah, I'm single now, so it's probably good to do that.

Dr. Varu

Yeah. And when you're active, condom use safer sex practices?

Me

I haven't been active, no.

Dr. Varu

Okay. But when you are?

Me

Yes. Yeah. Yeah. I know all that.

Dr. Varu

Yeah. It's unfortunate, but we're seeing a lot of increase in the STIs that we're seeing across the board, right? HIV, syphilis, gonorrhea, chlamydia. And now we're starting to see drug resistant bacteria. So don't get it in the first place, right? Protect yourself. Be smart about it. There are things that we can't even test for, like HPV, the scarlet cell, what it protects you against. There's no test for it for men and women. No blood tests, no urine tests, right? Only biopsy proven HPV is the way to diagnose HPV in men.

Me

So I could have it, but it's still worth to get the Gardasil anyway?

Dr. Varu

Yeah. Absolutely. Because there's many different strains.

Me

Okay.

Dr. Varu

And so even if you have one particular strain, you can protect yourself another. Having multiple strains in one person, probably higher risk for that patient. So I get it. I get it. I get it. You know, anybody that's eligible for it that isn't in a long-term, "Hey, this is my partner for life," should really be inoculated against it.

Me

Yeah, that makes sense.

Dr. Varu

Rarely we can say a vaccine prevents cancer. This vaccine prevents cancer. So in men, in erectile cancers, urethral cancer, oral pharyngeal cancers, all can be HPV related.

Me

Oh yeah. Okay. Yeah. That's true.

Dr. Varu

Yeah.

Me

All right.

Dr. Varu

Take that jacket off from me if you don't mind.

Me

Do they take blood yet or no? No, I don't think I need to because I had a comprehensive metabolic panel and everything not too long before.

Dr. Varu

You did cholesterol every too?

Me

What's that?

Dr. Varu

Cholesterol all that?

Me

Cholesterol, I think so. Yeah. Take blood to me.

Dr. Varu

All right. So you're skipping blood today?

Me

Yeah.

Dr. Varu

Is it in that packet you gave me?

Me

[Shakes my head in the affirmative]

Dr. Varu

When'd you do it?

Me

I think the last one was in the fall, but I have an another one scheduled coming up.

Dr. Varu

You'll get me a copy of that?

Me

You know it.

Dr. Varu

Little Anxious?

Me

I've been feeling weird today.

Dr. Varu

Yeah?

Me

Like I said, I had a flare up. I'm very shaky. I don't know why.

Dr. Varu

Yeah. I'm actually going to have it because your heart rate's up. It's not out of range, but it is on the higher end of what's normal.

Me

I don't really know.

Dr. Varu

Staying hydrated?

Me

Very. Yeah. I drink like 80 to 90 ounces.

Dr. Varu

Yeah, a day? Okay. So the urine is coming out clear I suspect, right? Looks like water.

Me

Yep.

Dr. Varu

Give me a nice deep breath take a stand up for me, drop those pants, let's do a testicular exam. Unfortunately, just diagnosed a young kid with it. Came in just for a physical. Yeah, well, look, good news for him is that he was caught very early. And it's not spread anywhere, so that's the whole key about testicular cancer, catch it early.

Me

I thought that I did when I was young, but it just ended up being like a spermatosyl or something like that.

Dr. Varu

Yeah, they did ultrasound, that's what it felt? Yeah. Feel around, anything attached to the testicle itself. Not a lot of symptoms associated with the [unintelligible]. Often it's

asymptomatic, right? So, if you're not feeling, you won't know how it's there. Peak incidence, 25 to 35, a weird cancer, right? Young man's cancer. After that, the research to come down from there. Not very commonly diagnosed with that after the age of 40. So, you're in that area? The thick of it

Me

All right, well, I'll keep an eye.

Dr. Varu

Yeah, keep an eye, I feel, and it's testicles. If you find something in the scrotum sack now, clearly I have to take a look at it, but those are less worrisome. Behind the testicles are your epididymis, and they can feel like a bag of worms, they're like squishy.

Me

Yeah, I know, sometimes it's a little hard to tell.

Dr. Varu

Yeah, and you get a lot of cysts in those areas, so the best way to do it is just to take an ultrasound and take a look.

Me

Got it, so if it feels attached to the testicle itself, that's the best.

Dr. Varu

Something, a lump or a bump on the testicle, that's concerning.

Me

Yeah, okay.

Dr. Varu

All right, I'm going to review that stuff. If there's anything in there that needs my attention, or your attention, I'll let you know.

Me

Cool, yeah, just check out that first page, that should tell you pretty much everything I think you need to know.

Dr. Varu

Good to see you.

Me

I'll see you.