

250226_DrEskander

Me

Yeah. Yeah. Um, just to lay out what I got here, this is just all the tests that I've taken since I've last seen you. You don't have to look at any of them necessarily because some of them are neurological, some of them are cardiological.

Dr. Eskander

And what was like triggering all the evaluation?

Me

Um, I've continuously gotten worse. Um, especially- Is there like fatigue and mind fog or what are the symptoms? Since January especially, I mean this was before that I was getting worse, but January especially, um, I'm finding I'm having difficulty holding my head up after sitting at my desk for just an hour or two.

Dr. Eskander

Yeah.

Me

I get very lightheaded and dizzy in the morning into the early afternoon, which kind of goes away at night and, um, uh, memory is getting a little bit worse.

Dr. Eskander

Yeah.

Me

Um, for example, uh, talking with friends, just recalling names, recalling events and things. Um. It's hard to even remember. It's hard to even remember to the point where I, I'm starting to feel like I can't participate in some conversations.

Dr. Eskander

I'm sorry.

Me

Yeah. It's, um, I went to New York in, uh, December and I wasn't really like treating, you know, my body right. I was staying up late, not eating good food and whatnot. And I think that I also got sick with something pretty bad.

Dr. Eskander

When did you, when was that?

Me

I got sick in the latter half of January. I started feeling worse actually in early January.

Dr. Eskander

Okay. So it didn't correspond. Okay.

Me

It didn't. No, oddly. Um, one would think.

Dr. Eskander

Yeah.

Me

But, um, so I've made a lot of lifestyle changes to try and combat this. Um, I try and, you know, wake up, go to sleep, wake up at the same time. I try and get sun first thing in the morning. I switched to a Mediterranean diet. Um, so very limited in sugars.

Dr. Eskander

Yeah.

Me

Um, uh, one more thing. Um. A lot of water. Oh, breath work and, um, pain. I'm facing now with an app called visible for people with ME/CFS.

Dr. Eskander

Uh huh.

Me

So, um, I only started that at the beginning of February. I think I've seen improvements, but.

Dr. Eskander

Okay.

Me

You know, I'm still worse than what I was.

Dr. Eskander

I was suspecting that. I don't remember if I mentioned to you that I think, you know, it's likely chronic fatigue syndrome just from, usually chronic fatigue syndrome comes after like a, an infection or something like that. When did you first start noticing these symptoms?

Me

2014. What's odd is that I don't.

Dr. Eskander

2014?

Me

Yes.

Dr. Eskander

Over 10 years.

Me

Over 10 years ago. Yes.

Dr. Eskander

Okay.

Me

The first thing is that I don't remember having a viral.

Dr. Eskander

Okay.

Me

Cause to which you, you are totally right. And that most of it.

Dr. Eskander

Yeah.

Me

It's caused by a viral infection.

Dr. Eskander

Yeah.

Me

I just can't remember anything. I just can't remember anything.

Dr. Eskander

Okay.

Me

Back then. cause it was so, it threw me off so much.

Dr. Eskander

Yeah.

Me

I went to a gastroenterologist like you had recommended last time. Um, basically he looked at my blood tests and said there was nothing to go over unless there was something specific that you had for him to do. Um, he looked, you know, he said- This is which doctor? This was Dr. Henry Fisher.

Dr. Eskander

Okay.

Me

And, um, you know, good guy. Like I could tell, you know, he was really- Yeah. He was

telling the truth there. Uh, but he said he can only really do a biopsy of the stomach, which I didn't feel was necessary and that did he. Um, showing Adson's sign. So my arms go numb. I'm raised above my head. Um, that's from my neurologist, Dr. Faisal.

Dr. Eskander

Okay.

Me

Um. So we're going to do some MRIs, brain brachial plexus MRI to figure that out. Abnormal EEG. Uh, so there's some neurological things that I have to visit. Cardiologically, I'm totally fine.

Dr. Eskander

Yeah.

Me

So that's, um, that's kind of the catch up.

Dr. Eskander

Okay. Okay. I'm sorry you're going through all that. Um, and thank you for all the updates.

Me

Mm-hmm.

Dr. Eskander

So, um, I already peeked at some of the questions you have for me.

Me

Yeah.

Dr. Eskander

And some of the, like, the discussion things that you want to know.

Me

Yep.

Dr. Eskander

So let's go through the blood work and let's see, um, you know, what, if anything, uh, is out of range. So first of all, calcium level is reasonable, although it's in the high normal range.

Me

Mm-hmm.

Dr. Eskander

I do not anticipate or expect that either one of those levels where they are now would be causing this degree of, like, debilitating, like, fatigue, memory issues, and so forth. Okay. You know, could it be that it's going to be higher in the future and need intervention? Definitely could, but again And I don't think, like, we should go in and try to operate on a

parathyroid hormone, a gland and remove it and it would resolve the symptoms. So I think just to kind of focus our evaluation on the symptoms that are bothering you and, uh, channeling our energy where it may be the most effective. For this, I would say we should continue to monitor the calcium parathyroid. The levels are not alarming by any means.

Me

Good. Okay.

Dr. Eskander

Your glucose is normal. Your kidney function is normal. Your electrolytes are great. Your liver is perfect. Your blood count's good. No sign of infection or anemia. Thyroid is strong and perfect. Uh, vitamin B12 is great. Cortisol is great. I'm going to answer the question about the ACTH in one second. Vitamin D, I would definitely recommend boosting that level. Again, I doubt that the vitamin D is the reason for your symptoms, but let's optimize, like, there is for sure room to improve it. And what is your, what are you currently taking right now for vitamin D, if anything?

Me

2,000.

Dr. Eskander

Okay. So I, if you've been taking that, I would up it to 5,000.

Me

5,000. Okay.

Dr. Eskander

So that we could see that level like in the fifties. Many neurologists actually recommend that.

Me

Yeah. Okay. All right. I'm open to that.

Dr. Eskander

I also said here that I want to try and spend more time in the sun to try and boost the vitamin D as well. Yeah.

Me

Um, I've, I, this could very well, I don't know, be caused by something else, but every time I take a higher dose of vitamin D, I feel like I started getting twitches.

Dr. Eskander

Okay. So then don't, I take that seriously. So instead of doing that, just up it by a thousand more units. So if you were on 2,000 up it to 3,000.

Me

Okay.

Dr. Eskander

So that way we could still be like conservative, but still get that level, um, higher to like at least the mid thirties to forties.

Me

Okay.

Dr. Eskander

So let's go ahead and do that. Okay. Um, then as far as the ACTH, the test didn't, I mean, the lab did not perform it. They said there is a, uh, there was an issue with this specimen. Um, we were not able to obtain the required specimen. It just means that the lab may have made an error, didn't get the right tube or didn't get enough blood in the right tube. So it was just like the test was unable to be performed.

Me

Oh, that's I read that. I wasn't sure if they told you like- no, they usually know they don't communicate much more than that, unfortunately.

Dr. Eskander

So they just say like, if needed, the patient can go back to do it. So I think it's fine. It will give us an opportunity to do a little more hormone testing just to make sure we're not missing anything else. Um, I would favor that we wait and do that additional testing and maybe a couple more months to also boost the vitamin D level a bit, but I will just order a few other things to make sure we're not missing anything. Like a testosterone evaluation, um, and a pituitary hormone evaluation. That's pretty much the only thing like missing that we haven't done hormone wise.

Me

Sounds good.

Dr. Eskander

Um, also just check insulin level and inflammation marker. I'm going to just check a couple of other tests and I would recommend we do all that before we visit back in a couple of months.

Me

Okay.

Dr. Eskander

I don't think I'm going to find something endocrine wise that explains everything to be honest. I think you are going in the right direction with this evaluation.

Me

Yeah. Yeah. You know, I, uh, I mainly just trying to make sure that we've covered all our bases. My definitely, what I really wanted to come here today and say is if there's anything left to test, let's do it.

Dr. Eskander

I hear you.

Me

Cause now's the time, you know, and if there isn't, then there isn't.

Dr. Eskander

Yeah. So let me do this. I'm ordering that blood work like we're talking about. It has to be at 8am fasting, please. 8am and fasting. So not just fasting, but both 8am and fasting. I'm going to also check your magnesium level, the cortisol, ACTH, vitamin D once again, pituitary function, including, um, you know, growth hormone, testosterone level, um, inflammation marker.

Me

Okay. Sorry to interrupt about the, I forget the magnesium. Um, have you read about the differences between the standard magnesium test and the magnesium RBC?

Dr. Eskander

Blood test. No, the blood test. No, I am not aware of that. It's just, we usually just check the magnesium and it's again, we're aiming for it to be around level of two. So if there's like another additional, um, test, I'm not well versed in that. Okay. I just wanted to ask if you, what you've heard about the validity of that test, how good it is at actually telling magnesium levels. The magnesium, the general magnesium test is pretty reliable.

Me

It is. Okay.

Dr. Eskander

So I will check that And then, you know, we'll, we'll just check back in. Um, why don't we do about three months from now to kind of give you a little bit of a chance to boost up the, um, to boost up the vitamin D levels and just to continue the workup you're getting and see. Uh, so I, so the, to answer this question, I wouldn't really be the person to help guide on the, um, testing for the ME/CFS. That's a little more in the rheumatology, right?

Me

Oh, actually don't worry about that. I, we, what I was referencing was, um, I have this list.

Dr. Eskander

Okay.

Me

Recommended by doctors. Uh, but we have done all of the tests.

Dr. Eskander

Okay.

Me

For endocrinology.

Dr. Eskander

Okay.

Me

Endocrinological.

Dr. Eskander

Okay.

Me

So actually we're, we're fine there.

Dr. Eskander

Okay. Perfect. Yeah. And so we are going to be checking the pituitary. So actually what we're going to do, we'll take care of those things that you have on your list of concerns.

Me

Cool. Cool. Cool. Yeah, and um, I guess just my last thing, again. Um, just, I know last time we talked about the ACTH, uh, it's just kind of like, it doesn't mean anything necessarily in itself. Uh.

Dr. Eskander

It probably just means kind of a high stress, um, level, but I will check it in more detail along with all the pituitary function this time.

Me

Yeah. I'm curious cause, um, I've done a lot of breath work and you all right?

Dr. Eskander

Oh, ah, yes.

Me

Yeah. Yeah.

Dr. Eskander

Um, bless you.

Me

Uh, I'm curious. Um, I've done a lot of stress management stuff.

Dr. Eskander

Yeah.

Me

So I'm curious to see next time how it looks.

Dr. Eskander

It looks. Okay. Perfect. Yeah. Let me examine you real quick. So we'll do that three months. Oh, uh, the vitamin B by the way is so, you know, normal high because I've been

supplementing. Yeah. Good. I think you should continue cause that is a good thing to help with any like neurologic symptoms, or like, you know, the brain fog, things like that. Big deep breath in and out. All right. Sounds good. So I sent a comprehensive check in to Quest that we will do about a couple of weeks. You know what, have you ever had a celiac panel?

Me

A long time ago.

Dr. Eskander

Can I add that next time too?

Me

That would be great, but for the celiac panels, I need to make sure that I'm eating a lot of gluten.

Dr. Eskander

Not a lot, just eating gluten.

Me

Okay, because my gluten is very low, right? I'm not gluten free, I'm just, I'm very low in it just because of the Mediterranean diet, so I can add it though. I just need to make sure.

Dr. Eskander

Okay, yeah, I mean, if you're eating some gluten for the next blood draw, it should pick up if there's an issue.

Me

Okay, okay, great, yeah, awesome. All right, well, thank you.

Dr. Eskander

Yes, my pleasure, good to see you. I'll see you back in about three months then, okay? Three months, and I'll get the test done then a little before then. Okay, great, got it, thank you.

Me

Thank you.