

The Risks of Home IVs, How Weight Loss Drugs Can Affect Anesthesia, and the Proper Treatment of Cysts

EP 59: On this episode, we'll talk about the possible risks of home IV drips, and how weight loss drugs can impact anesthesia. Plus, there's a new breakthrough treatment for Prostate Cancer, and our caller asks the question: what's the proper way to treat cysts?

Peter: [00:00:27] Hello, everybody, and welcome to Bedside Matters, the podcast that addresses the medical issues that impact all of us every single day. We're going to hopefully give you the answers you're looking for so you can be more informed and also healthier. My name is Peter Tilden. I'm one of your hosts. I'm joined by Anna Vocino, another host, and Dr. David Kipper. And we've got, [laughing] I was going to say a very special episode. It's not that special. It's just really good. It's solid.

Anna: [00:00:53] Every episode is a very special episode, okay? They're all our favorite children, and they all get participation trophies. Today, we are going to be talking about maybe something to consider about not using IVs outside of a medical setting of a medical doctor or a hospital. And then we're going to be discussing, listen, the weight loss drugs are already controversial. This might make them even more controversial. And we're going to discuss why.

Peter: [00:01:22] In This Just Happened, we've got a breakthrough treatment for prostate cancer, which is very important. And we've got a caller today with what could be a cyst. But I think it's something that happens to a lot of people and they're not sure how to treat it. So, we will take that call. But let's start first of all with this IV thing, yes, Anna?

Anna: [00:01:39] Yeah, let's talk about IVs. How should we be careful about IVs outside of a doctor's office or the hospital?

Dr. Kipper: [00:01:44] We should be careful. And a lot of this came from the pandemic, when people weren't leaving their homes, needed medical treatment. Some of this is for cosmetic reasons, but it's a \$15-billion industry now, these med spas and these IV treatments that are done in the home, but there are some problems. And I'm just cautioning people. There's been a lot of literature about the safety issues here. They're very, they're unregulated, pretty much.

There are a lot of problems with infections that happen when people get these IVs. People get IVs because they're hung over. They get IVs because they're sick. And they've had a GI flu where they're having diarrhea and nausea, vomiting, and they're legitimately dehydrated. And there are cosmetic procedures, you know, the Botox procedures and all the other injections. So you have to be very careful.

The take-home message here is you want to make sure that who's ever treating you at home has some kind of credential, they have some kind of liability insurance and that they're not showing up to your house in a Chevy van, that they're, that they have equipment that looks safe.

But this has become a very big problem. And it's showing up in the literature from the emergency rooms, how many of these infections they're seeing and how many of these problems. There were two specific patients that were brought to the attention in this

literature. One was a 24-year-old woman who was getting a vitamin injection, vitamin B12 and C to melt down her fat. She's now had two years of multiple antibiotics to try to clear up this drug-resistant bacteria, it's a mycobacterium, part of the TB family. These are very hard to treat.

And there was another patient who was a 47-year-old woman, who got what's called TPN, which is a solution that we give to, not only hydrate people, but to give them nutritional support. It's peripheral nutrition. She got this treatment, this electrolyte cocktail, and this was done by an unlicensed practitioner at a med spa, and she died. So this is just a warning to our listeners to be very careful and to try to vet out who's coming to your home.

Anna: [00:04:15] How did she die? Was it from too many electrolytes or an imbalance of electrolytes? Or she got infected.

Dr. Kipper: [00:04:20] She got infected. She got infected from this. And, again, the TPN are usually given in a hospital, almost always given in a hospital setting with trained professionals. So you have to just vet who's treating you, what the equipment looks like and just to be careful. We're seeing a lot more of these home treatments, especially with Covid. People are home sick. They're not going to the doctor's office. They're not going out of the house, and these treatments are coming to them. But you have to be careful, that's all.

Peter: [00:04:56] It's like in the case of Kanye's mom, I think, went to a clinic to have surgery performed and got an infection and died. Joan Rivers went to Wall Street, like a big Park Avenue, excuse me, place for a procedure rather than a hospital. From what I hear, some of these places are not, cannot accommodate, if an emergency happens, they can do the procedure, but they don't have what a hospital has as far as reviving or whatever. So what's the choice there? If your doctor says, I have a suite of offices or come to my office for this, you say, I'd rather have it in the hospital setting?

Dr. Kipper: [00:05:27] Procedure centers are generally regulated. Here's how they evolved. Doctors that were doing colonoscopies, doctors that were doing other endoscopies, like Joan, doctors that were doing procedures like cataracts or meniscus surgeries, they would try to get on the hospital's surgical list. They couldn't get on these lists easy enough. They needed a facility. So what these doctors did was, for financial business reasons, they formed their own little outpatient surgical centers.

But, to their defense, they're regulated. They have RNs, they are supervised, they are careful in how they deliver their services. What happened to Joan is another conversation, obviously. But these things can happen even in a hospital. But when you're outside of a hospital setting where the regulations are as strict as they can be, you are running a tiny bit of a risk. But I would not have this conversation to dissuade people from going to these procedural centers.

Anna: [00:06:33] Right.

Dr. Kipper: [00:06:34] And there are a number of advantages. They can get in early than wait for three months for a hospital time. And the doctors that are running these are always well-trained and qualified. They're vetted. They have malpractice insurance. So they're generally great.

Peter: [00:06:52] Good to know.

Anna: [00:06:53] All right. We have been warned. Well, moving on. Ozempic, Zepbound, Mounjaro, Wegovy. Those are the ones that I know. These things I know we've sang their praises, but we've also talked about controversy. Turns out there may be some additional controversy, and it doesn't sound good, Doc. Tell us about this.

Dr. Kipper: [00:07:13] We've been getting nothing but good news from these weight loss medicines for all these chronic illnesses, some of these neurodegenerative illnesses far beyond their benefit in treating diabetics, which is how they started. And because so many people are taking these now, we're seeing some negative effects of this.

And one of the things that we've seen, and there are a few things, but we've seen counterfeit products for these weight loss drugs that are out there. Counterfeit products, by the way, are not uncommon. In underdeveloped countries, we can see this as high as 40% of their drugs are counterfeited drugs. In well-developed countries, it may be less than 1%. And the drugs are different.

So it's a problem all over the world and it's not a new problem. The Ozempic, in particular, is the one that everyone thinks of. But, as you pointed out, Anna, there's Ozempic, Wegovy. Rybelsus is the oral form of Mounjaro, and now we're getting Zepbound.

All of these drugs have similar mechanisms of action. But one of the things that we're now seeing, and this happened to me this afternoon with a patient that was going to have a cardioversion for a heart arrhythmia was on Mounjaro. And he can't be treated because the anesthesiologists are not willing to treat people for these kinds of procedures, elective procedures when the side effects from these weight loss drugs will potentially create bigger problems.

For instance, the side effect from these drugs is that the stomach expands and it gives you a sense of being full. That's an advantage. However, if you're getting anesthesia and your stomach is expanded, you have a possibility of aspirating once the anesthesia wears off and that expanded stomach doesn't work normally, and some of those stomach contents can end up in the lung. So that's one issue.

Besides that issue, besides the counterfeiting issues, we're also seeing a lot of fake weight loss drugs out there, speaking of the counterfeit issues. And the message to our listeners is that, if you're going to start one of these medicines, they are very expensive. There's a tendency to go cheaper if you can. So a lot of these counterfeit medicines are cheaper, not just the weight loss drugs, but counterfeit medicines in general.

Look at the labels. Look at the pills themselves. See if they look normal. Only get your medications from reputable licensed pharmacies. If your pharmacy will take a prescription, that is not an actual prescription, but somebody calls in a prescription for you, you're not positive who's calling that prescription in. What the government has done recently, starting, I think, a year ago now we have to send in prescriptions that are electronic. That is a check and balance for the patient, for the pharmacy.

But not all pharmacies are doing this. So you just need to be careful out there with your medications. Make sure they're vetted. Make sure your pharmacy is vetted. Any questions you have, speak to your doctor. There are regulatory agencies, but all that glitters with these weight loss drugs does not glow necessarily. We're now starting to see some negatives.

[music]

Peter: [00:12:23] Breakthrough treatment for prostate cancer in our This Just Happened, I love This Just Happened because every week we get to tap the new technological advance and scientific advance that's moved forward that they've been working on for a long time and somebody finally figured it out. Is this a big thing, David? Is this a real, a different way to treat prostate?

Dr. Kipper: [00:12:44] This is a very interesting thing. This is a molecule that your body makes. It's also found in meat products. It's called carnosine. We see this in a lot of supplements. And the study that this discussion comes from was a study in England where they were looking at prostate cancer treatments.

And what they were doing was that they started giving carnosine, which we have known for a long time has anticancer benefit. But they were giving carnosine for people with prostate cancer, and they were giving it for people that had primary cancers, meaning cancers in the prostate gland itself, and for metastatic cancer with prostate disease. And it worked in both.

And carnosine is rapidly degraded in the body by enzymes. So what they were doing was that they were injecting very high doses of carnosine into the tumors, and the tumors melted down, not only tumors that were in the prostate gland themselves, but also in tumors that were in metastatic areas that had traveled to other parts of the body. And, interestingly, we've known that carnosine actually has anti-tumor benefit in other cancers: breast cancer, ovarian cancer, colon, gastric, and even some leukemias.

So this study that came out of England is really interesting information now and is going to be developed. It's going to be pursued. And I think this is going to be one more bullet in the gun of treating these cancers, especially prostate cancer.

Peter: [00:14:18] But, how soon, I mean when people are listening to you, "Okay, great. Can I get it Tuesday?" Or, is this...

Dr. Kipper: [00:14:23] Well, they started these trials and the trials are working. And 1 in 8 of us as males are going to get prostate cancer. And so this is just one more great tool in the toolbox, the treatments that we have now for not just prostate cancer, but for prostate cancer specifically we have radiation. We have chemotherapy, we have female hormones. We have surgery. These are all things that can interfere with sexual function, with continence issues. So if we have something that the body actually makes and we can harness this into a treatment, this has great potential.

Peter: [00:15:05] When you say inject it, what are we talking about? How is it administered?

Dr. Kipper: [00:15:09] Literally injected, literally injected through a syringe into the tumor itself. It's guided by an MRI into the tumor areas. And, again, I think we're at, we're not really at the beginning of this because we know that carnosine has these anticancer benefits. But now we're actually doing it. Now we're trying this. So I don't think it's going to be long before we're going to see this added to the list.

Peter: [00:15:36] That's terrific. That's amazing. And, again, something that's from your own body. So it's not going to be rejected. It's not going to have repercussions, right?

Dr. Kipper: [00:15:43] Right. And you can get supplements of carnosine. I think the most popular one, I have no stake in this company, and I don't take this. It's the Life Extension Carnosine, the 500mg. But I have a lot of patients that take this. And it's not only for anticancer. People use this for exercise. They use this because it increases their performance allegedly. It's an anti-aging product because it's an antioxidant.

Peter: [00:16:13] Everybody just perked up. What's it called again?

Anna: [00:16:16] Life Extension Carnosine 500mg. Already found it on Amazon.

Dr. Kipper: [00:16:20] And also diabetics use this as a supplement because it actually has shown to diminish nerve damage and prevent, to some degree, cataracts and the kidney failure that comes from diabetes

Peter: [00:16:33] What's the downside of this thing?

Dr. Kipper: [00:16:36] There is no downside.

Anna: [00:16:37] It's just the amino acid, right?

Dr. Kipper: [00:16:39] It's an amino acid. The downside with carnosine is that it is rapidly degraded. So you need big doses of this. So I'm not sure a daily supplement is going to drive off your prostate cancer or fix your diabetes. But knowing how this is working for prostate cancer, I think we're going to now take a different look at this and see how else we can formulate this for these other illnesses.

Peter: [00:17:08] So for people listening, is this like my grandfather's saying, "Couldn't hurt."

Dr. Kipper: [00:17:13] Yes.

Peter: [00:17:14] Okay. There's no downside. So take it.

Dr. Kipper: [00:17:16] I think that's actually the formal name of carnosine.

Anna: [00:17:21] Couldn't hurt. Couldn't Hurt Carnosine 500mg.

Dr. Kipper: [00:17:26] But this also speaks to the issue of supplements. And I think that there are a lot of great supplements. I'm a conventionally trained internist, and in our training we knew nothing about supplements. So people come to me, especially here in Los Angeles, everyone's on some supplement and, you know, they're waiting for me to say they're bad.

I'm not going to say that. I don't know that. I don't know enough about them. But here's an example of that. Here's a supplement that seems to have some benefit. If you have a family member, I'm not recommending this, but I'm asking you to think about this. If you have a family member, strong family history of prostate cancer or one of these other cancers that I've mentioned, to Peter's point, "it wouldn't hurt," if you took the carnosine supplement, who knows? Maybe there'll be some value in that.

Peter: [00:18:19] I don't hear about it anymore, but when I first came to California, moving from the East Coast, you talk about all Californians taking supplements. What was it called where they give you an enema? You go to a place and you get an enema. What was it called – colonic?

Anna: Colonic.

Peter: Does that still exist anywhere?

Anna: [00:18:36] Oh, yeah.

Dr. Kipper: [00:18:37] It exists everywhere. It's a pretty common practice. To me, it makes no sense...

Anna: Agreed.

Dr. Kipper: ...Because, if you think about this, we talk a lot about the microbiome, and we talk a lot about how these bacterial colonies are at a very specific and sensitive level. Now, you flush people out with these enemas, and they're, everything's coming out. The body has to then recreate their microbiome. So, to me, it makes no sense. But if you're listening and you're an avid colonic person, and you're doing okay, good luck.

Anna: [00:19:13] Good for you. Well, here's I have one more question, too, about the L-carnosine. Is this something that you could get just by eating meat, or would you have to eat copious amounts of meat?

Dr. Kipper: [00:19:23] Well, I mentioned that your body makes this naturally, but you can eat turkey, chicken, beef, pork. All of these have carnosine.

Anna: [00:19:32] It's in the animal proteins.

Peter: [00:19:35] Okay, let's move on now because it's time for Hey, What About Me? segment and this caller has a question that is about I guess a lot of people have this issue of cysts. Two people in my family had cysts and, David, you see this all the time in the office. Here we go.

Caller: [00:19:50] Hi, Dr. Kipper, I have a question for you. I am in my mid-40s, but since I was maybe in my mid-20s, maybe, like the past 15 to 20 years, I've been dealing with this really weird medical issue, off and on. I get this large, red, inflamed and really sore lump, actually on my left butt cheek. When it's dormant and it's not a flare-up, I can feel something little and maybe, like pea-sized under the skin. But then every few months or so, it flares up and the area gets larger and red and very painful. It's difficult to sit on.

For the most part, that flare-up goes down without a treatment or anything in about a week, but it always comes back every so often. Over the years, I've tried to figure out something that could trigger a flare-up, and I've seen numerous doctors and dermatologists, who have all told me something different that they think it is.

A few years ago, one of them even took out a small sample. She cut out a little bit and sent it away to be tested when it was inflamed, but it came back inconclusive. Now, recently I had one of these flare-ups, but unlike the other times where it went down on its

own, this became really infected. And it was the first time that this had happened where it made me really sick.

I took a course of antibiotics. It got a lot worse before it got better, but it did eventually go back down and it's actually still going down. So, after this incident, I'm even more motivated than ever to figure out finally what this is because I'm really scared another flare-up is going to get me as sick as this recent time did when it got really infected. So, any thoughts on what this could be and how I can treat it and even get rid of it long term? Thank you so much.

Anna: Poor thing, that sounds terrible.

Dr. Kipper: [00:21:40] These are very, very common. And we, in all specialties, we see these cysts. There's two kinds of cysts. And actually you brought up some very interesting points. There are two kinds of cysts, there's an epidermoid cyst, which happens where your skin gets injured either from a scratch, a wound, acne scars or lesions, sun damage.

And when that happens, the skin itself gets, surface gets disrupted. And some of these cells can't leave the body. Some of these cells, like keratin, they get trapped underneath the skin and they develop into cysts. There are sebaceous cysts, which is the second kind. And that's where a hair follicle, which normally at the follicle is connected to what we call a sebaceous gland. That's a sweat gland. And through those follicles is how the sweat comes out. If those follicles are plugged up for any reason and the sebum, the sebaceous material can't get out, it just builds and builds and builds. And now you have a cyst. It just forms a bigger ball of sebaceous material.

Those tend to happen in areas where you are sitting, so they can happen around the buttocks. They can happen in areas of the skin where you have a lot of clothing and you're sweating under the arms. These are the more common type of cysts. But the problem that was raised is that the cysts themselves generally don't respond to antibiotics. They get big and red, just as our caller described. And the primary treatment for these is not to go ahead and operate on them, but to put warm compresses on them, 20 minutes a day, 2 or 3 times a day until the cysts themselves calm down. There is a wall around the cyst and the wall, if you interrupt that wall and you break it apart, you're never going to get rid of this.

So, to our caller's point, someone took a sample out and sent it out to for analysis, the exact wrong thing to do, because once you break the wall of that cyst, you're never really going to get it out, because that wall now will not be able to heal itself. And you're going to collect that fluid over and over and over again. The true way to get these things out, there are a couple of ways to do this, but the major way to do this is to let it calm down.

And in a calm state where you can feel just that little bit of the cyst itself when you're not in pain and it's not red and swollen, you go in surgically. You just open up the area around the cyst and they plop out like a pea or a grape, and they plop out in total because the cyst is intact. The cyst wall is intact. If you damage that wall, forget about it. You're going to have these for a long time.

So, per our caller, the problem there is that wall has been violated and these things are just going to continue to happen. What I would recommend for the caller is wait until you're not in pain. It's not swollen. It's not red. It's just dormant. That's the time to have this thing looked at and removed.

Peter: [00:25:03] Oh, so it's still not beyond repair?

Dr. Kipper: [00:25:06] No. It's going to be a little bit harder. There may be tissue around it that's now involved, but you never take these things out when they are active. And, again, the antibiotics, we all give antibiotics for these because it looks like an infection. But over time you realize they're not doing anything. And, you know, antibiotics, you don't want to take them if you don't need them. And this is one of those situations where you don't need them.

Peter: [00:25:31] Wow. Isn't it the dermatologist that determine this, or is it a GP?

Dr. Kipper: [00:25:36] I think any doctor, a GP can do this, a dermatologist can do this. They're not that complicated. It's the timing of when you take these out and you never send these out for a biopsy. You know they're a cyst by the way they're behaving.

Peter: [00:25:51] One quick question before we go and do the recap. David, is there anything that, if somebody's listening there, goes, "Oh, I have a cyst." Could it be misdiagnosed by them? Could it be something different? More serious? That looks like a cyst?

Dr. Kipper: [00:26:04] Yes, Peter. It can be a lymph node. Lymph nodes can be tender and feel like this. They never, lymph nodes never get that big and red and angry. And it could be a tumor. There could be a tumor in there. But, if you can move the thing around a little bit, you can get your fingers under it and it's movable, those are cysts. Those aren't cancers. And, again, lymph nodes, depending on where they are in the body, a doctor's going to be able to differentiate a lymph node from a cyst.

Peter: Got it.

Anna: [00:26:35] Recapping: Today we went over a lot of stuff. First of all, IVs and how to be careful around them.

Dr. Kipper: [00:26:41] Just be careful. Make sure the people giving you these are licensed and they're regulated. And take a good look and see what they're using and make sure everything is clean and up to date.

Anna: [00:26:54] Make good IV choices. And then we discussed the new controversy surrounding the weight loss medications.

Dr. Kipper: [00:27:01] Be careful now, because there are some negatives that are popping up. Anesthesia for people that are on these, discuss this with your doctor to make sure you're a safe candidate so you don't regurgitate from the expanded stomach. There are counterfeit products out there. Be careful of those. Look at the labels. Be very careful where you get them. Get them only from licensed pharmacists.

Peter: [00:27:28] And, of course, we have our big Hey, This Just Happened, the breakthrough treatment for prostate cancer.

Dr. Kipper: [00:27:33] Carnosine, which is a natural product that the body makes and you can get it in meat products, seems to have strong anticancer benefit. This particular study

was about the prostate, but it was very impressive. And there seems to be extension of this concept into other cancers: breast, colon, gastric, even some leukemias.

Peter: [00:27:57] This week, our caller, asked a question about a cyst. We found out there are many different types of cysts. But don't mess with them when they're active, right, David?

Dr. Kipper: [00:28:04] Don't pop them and squeeze them and hope they're going to get better. Antibiotics are probably not necessary. Hot compresses. Let them calm down and then go to a reputable surgeon that can pull them out.

Anna: [00:28:17] Hey, guys, if you're out there listening and you might have a question for Dr. Kipper, who doesn't? I always have a million questions for him. Head on over to BedsideMatters.org and put your question in. It just might get answered on the air.

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Peter: [00:28:48] And check out why you act the way you do in Dr. Kipper's book, *Override*, he talks all about your brain chemistry and how you're doing the stuff you're doing. And, again, as I say every week, if you haven't bought the book yet, you're procrastinating. And you can find out why by getting the book, *Override*, by Dr. Kipper. Also, get the sauces, get the spices, get the recipes. It's all about gluten-free, grain-free, low-carb eating. Go to AnnaVocino.com. Thank you, producer Lorre Crimi, always a pleasure and I love – I watch Lorre as she perks up on different topics. It's a giveaway on what she's suffering with any given week.

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