

Walking: The New Wonder Drug, Plus, a New Male Contraceptive

EP 62: In this episode Dr. Kipper has a simple solution for many of our health problems: walking! Is that the new wonder drug? Plus, a new male contraceptive, a caller with a question about aneurisms. And stories about doctors who kill.

Peter: [00:00:02] Welcome to Bedside Matters, the podcast that addresses the medical issues that impact every single one of us, no matter who you are, every single day. We're hopefully going to give you the answers you're looking for. Why? So you can be more informed and also healthier. I'm Peter Tilden, one of your hosts. Anna Vocino is one of your other hosts. Hi, Anna.

Anna: [00:00:19] Hello.

Peter: [00:00:19] Dr. David Kipper is the main person to this whole podcast because, without him, we couldn't give an answer to anything. We could guess. But how credible are we?

Anna: [00:00:29] Incredible.

Peter: [00:00:30] Incredibly not credible. Okay.

Anna: [00:00:32] Yes.

Peter: [00:00:33] So, what's happening on today's show?

Anna: [00:00:34] Today, we have a, I love to say I love to start every episode by saying we have a very special episode, but we do have the biggest health problem in the U.S. has a simple cure. So I'm excited to talk about that. And then, I can't believe this, but we're talking again about another doctor that's killed his wife.

Peter: [00:00:52] That happens a lot. And, if you don't know, Dr. Kipper is an expert at this topic. And that begs the question of why. But he'll explain. He'll explain momentarily.

This Just Happened: a very new, a male birth control option, which is pretty interesting. And then we have a caller this week who's calling about an aneurysm that she has that she wants David to weigh in on and give her some help and insight. So, here we go.

Anna: [00:01:14] The biggest health problem in the U.S. has a simple cure. Okay. What is the biggest health problem in the U.S.?

Dr. Kipper: [00:01:22] There's new research that just came out that demonstrated that sitting is more harmful than smoking.

Peter. [00:01:30] So, wait, I can smoke and stand?

[laughter]

Anna: [00:01:34] That's Peter standing there.

Peter: [00:01:35] That's good news. Well, thank you for that breaking news: You can smoke and stand.

Anna: [00:01:38] He's on his break.

Peter: [00:01:41] Wow, think about that. That's pretty startling because I sit a lot. And so does most of America, sits at a desk.

Anna: [00:01:46] You better get up.

Peter: [00:01:47] Wow.

Dr. Kipper: [00:01:48] They studied the effects of prolonged sedentary lifestyle. And they measured this against several things, and they measured it against the hazards of smoking and, the mortality rates of smoking. And it was really interesting what they came up with.

And they found that walking, just walking, had better outcomes, with coronary disease, high blood pressure, depression, dementia, all of these things had better outcomes. So the risk-benefit to start walking is incredible. And this was, a story, part of this, quoted the former director of the CDC saying that he felt that walking was the closest thing to a wonder drug, and there were five physiologic benefits that came out of this study.

And these were for people who were walking anywhere from 5 to 7 hours a week. So, not a lot. But that was the metric they used. They determined, have determined that there are 32 obesity promoting genes. And by walking this amount, the effects of these genes was muted by 50%. So one hour a day of walking muted half of these obesity-promoting genes.

They also found that a 15-minute walk cures the cravings for sugary snacks and chocolates. Walking reduces the risk of breast cancer, lowered it by 14%. Also, this amount of walking reduces arthritis pain and even the development of arthritis. Does this by lubricating your joints and strengthening the muscles around these joints. And it also has an immune-boosting potential.

So 20 minutes a day for five days a week created a 43% change in sick days, 43% less sick days. And the illnesses that were reported were shortened in people that walk this amount.

Anna: [00:03:55] Okay, I have a bunch of questions. Number one, do you have to, does that to be power walking? Do you have to have hills involved? Is it a time limit? I know you said 20-minute walk, but like what's the level of, you know, you're not just casually perambulating, right?

Dr. Kipper: [00:04:12] Part of one of those studies, Anna, to your point, was that a brisk walk was found to be better than a workout with weights.

Peter: [00:04:23] Really? Wait, why is that?

Dr. Kipper: [00:04:25] Well, one is aerobic, one is anaerobic. So if you're lifting weights you're not doing the same kind of aerobic activity. But 30 minutes of aerobic activity proved to be better than that kind of a workout with weights. I was happy to hear that, because I'm looking for every excuse not to lift a weight.

Anna: [00:04:45] I mean, it seems like you really do need both. Like, it seems like you know what I mean? I would like to get out of that, but also to my common sense goes, well, we probably still have to lift weights. But that's great news about the walking.

Dr. Kipper: [00:04:56] I was so dependent on jogging for so many years, until I blew out a meniscus, and I tried other ways of getting my aerobic activity. And then I walk a trail that's behind my home, and I walk three miles a day. The days that I don't do this, and it's rare that I don't do this, I really feel differently.

Anna: [00:05:18] I agree. Well, that was my question, too, is that I kind of came to this conclusion on my own. But let's say I do have a cold or something like that and I'm congested, or I have allergies with congestion. Now I speak for a living, so it's not, it isn't helpful when I'm congested.

I have noticed if I will go for a 15- to 20-minute walk, even if I'm not feeling great, it kind of clears up my congestion and then I can go do a session and talk better than if I were just sitting around. And I was wondering, does that have to do with like the lymph nodes clearing out or what happens on the walk where you basically like drain your sinuses and you just feel better?

Dr. Kipper: [00:05:53] It does a lot of things. I mean, one of the things that it does, yes, it gets everything flowing, your lymphatic system, your circulatory system, your intestinal tract. If you take a walk after dinner for 15, 20 minutes, you're going to digest your food much better, and it's going to be a much more efficient way to manage those calories.

It also helps lubricate, as I mentioned, lubricate your joints so that you're staying in better tone. It really has an amazing benefit and it's the simplest activity. I always tell patients, oh, I can't go to the gym or I can't do this. I said, yes, but you can walk. And, you know, it sort of stops people because now they don't have an excuse.

And walking is pretty simple. It's also interesting if you walk in the urban areas and you just look at the neighborhood or you look at stores, or I prefer a trail and also it clears your head.

Anna: [00:06:50] It does.

Dr. Kipper: [00:06:51] During Covid, this was really important for my mental health was to get out and do a walk. So the take-home message for our listeners, there are virtually no excuses and you don't need a lot of equipment. You need a pair of shoes and you'll be amazed.

Peter: [00:07:09] Like we say, pants and a shirt.

Dr. Kipper: [00:07:11] Well, depends where you walk, but you at least need shoes.

Anna: [00:07:16] Yeah, I want Dr. Kipper's head to be clear, because I don't want him to commit a homicide on his wife like these doctors are doing in the news. And apparently this is a common thing. What is going on? This is mind blowing.

Dr. Kipper: [00:07:30] Art of the Hippocratic oath. One of the many things that they tell us to do is to do no harm. This is the opposite story. This is about yet another doctor that kills.

And in this particular case, this just came into the news. A doctor at the Mayo Clinic, he was a resident at the Mayo Clinic, his name is Connor Bowman, he was convicted, very recently for killing his wife.

And it was interesting the way he did this, I think. He killed his wife with a smoothie that he prepared for her. He put alcohol in the smoothie, but he also loaded the smoothie with the drug we've talked about on this show a thousand times, and I've said it has no real negatives, however, in this case...

Anna: Gabapentin?

Dr. Kipper: No. He loaded it with colchicine, which is the drug we've talked about, not only for gout, but we're now using this for heart disease.

And you know, he's a doctor, so he researched amounts, he researched. So, she a couple days after she had this smoothie, she started feeling sick. She went to the emergency room, and very quickly, she went into a condition called ARDS, which stands for acute respiratory distress syndrome. This is a syndrome where all of your organs start to fail one by one. Fifty percent of people don't survive this. And one by one, these organs start failing.

Anna: [00:09:06] And he knew this. He knew what he was doing when he made her that smoothie, it would take 3 or 4 days and it couldn't possibly be traced back to his smoothie.

Dr. Kipper: [00:09:15] Well, that was the other interesting part. They went to do an autopsy and he went to the coroner and he said, you know what? We're going to cremate her, and we need to get this over with pretty quickly.

Peter: [00:09:29] By the way, isn't that a red flag, for, like, anybody in the world, when you say, could you hurry it up with this thing? Isn't that a red flag?

Anna: [00:09:36] I'm in a rush.

Peter: [00:09:38] Hello?

Dr. Kipper: [00:09:39] That hurt the coroner's interest, and said, wait a minute.

Peter: [00:09:43] To what Anna said, he must have thought that they're just not going to do an autopsy.

Anna: [00:09:48] How will they ever know she had a smoothie four days ago?

Dr. Kipper: [00:09:51] In a death, the doctor has to sign a death certificate. If there's any suspicion from the police or the coroner's office that there was foul play, that gets put on hold and there's an autopsy.

Peter: [00:10:04] Okay, so it's let's hit the brakes.

Dr. Kipper: [00:10:05] And a doctor can sign saying, well, Mrs. Smith had a heart attack and she's had heart disease for so many years. And so the coroner looks at that and says, oh, okay, we don't need an autopsy.

This was a younger woman who had no real health history. And so there were enough clues. And then he sort of sealed the deal when he said, wait a minute, we're going to...

Peter: [00:10:30] So, let me just interrupt you here for one second and say the reason that we're joking about why David knows so much about this is David actually hosted a series on doctors who kill for two and a half years, which means 50-plus, 100...

Anna: [00:10:44] Doctors who just kill their wives, or doctors who kill in general because they have a god complexes?

Dr. Kipper: [00:10:48] Radio hosts, mostly radio hosts.

[laughter]

Anna: [00:10:50] So, Peter's next. Is that what you're saying?

Peter: [00:10:53] Yes. Bom bom bom bom.

Dr. Kipper: [00:10:55] I'm going to just give you three of the superstars from, frankly, over 150 of these episodes that I did.

Anna: [00:11:04] 150? Can you imagine all the doctors that don't get caught?

Dr. Kipper: [00:11:09] I got calls from my wife saying, I think you're getting too much information here.

Anna: [00:11:13] Yeah, you know how to cover it up.

Dr. Kipper: [00:11:15] There literally were 150 of these. And so I went back and I looked up a few of these. One was Dr. Joseph Swango. He was an Ohio State neurosurgeon in the 1980s, 1990s. And he gave arsenic to about 60 people that died. And these were people...

Anna: [00:11:38] He was a serial killer?

Dr. Kipper: [00:11:40] Yes. And these were his coworkers and his patients. So they weren't random people. They were people that he knew.

Then there was Dr. Harold Shipman, speaking of serial killers. He was a British general practitioner. And this was in the '70s and '80s, one of the most prolific serial killers. He killed over 250 people with heroin overdoses.

And then the one that really upset me, probably the most out of 150 of these stories, was an English nurse and midwife named Amelia Dyer. This was in the 1800s. And she killed babies, various methods, mostly suffocation.

But what she did was she agreed to adopt and nurse these children that were unwanted, basically. And in the 1800s, there were a lot of unwanted children. There weren't... First of all, there was no oversight and there weren't places for these kids.

Anna: [00:12:40] Foster care, orphanage system. Yeah.

Dr. Kipper: [00:12:43] Weren't enough of them. And she moved all around the country too. So she was in one area for a while. They got suspicious. She moved somewhere else. It was estimated that she killed over 400 babies. And she was ultimately executed for this.

But it's not uncommon. And the point that I think is important is that doctors are people. They're crazy people. But there are doctors that have this illness. I think most of the people that kill people have an underlying schizophrenia, because to kill people, you have a certain lack of empathy. And when you when you really examine these people, they, to me, almost always seem to be schizophrenic.

That doesn't mean all schizophrenic people are killers. But there has to be a, a composite, personality composite of these people. When you look at these serial killers that are always in the news now or these mass murderers, you know, look at their profile, they are non-empathic. They're angry, they're lonely. There is a profile to people that do this.

And I've always thought that everybody, every kid in school should now have some kind of profile test to see, are you at risk of being a murderer? And those people that fit that profile should be just watched, doesn't mean they have to be isolated, but perhaps they get into some kind of treatment early on to find out what their issues are. But a lot of these people obviously have mental health disorders, and I think those people should be identified and treated.

[music]

Peter: [00:14:30] And This Just Happened. There's a new male birth control option. Is this something out of the right field, David? Or left field or whatever? Whatever this is?

Dr. Kipper: [00:14:38] Yes. This was really interesting. So, you know, now we're looking ahead to how we can manage birth control. Things are politically being shifted. And we're looking again at males. And what can males do.

And there was a recent six-month trial where they took this gel, which is a combination, hormone combination of testosterone and basically a progesterone, called Nestorone. And this combination is put into a gel.

And this gel, now sit still for this, is injected into an organelle, a tube that connects the testes to the urethra called the vas deferens. And you inject this into that tube, and that's the tube that carries the sperm from the testicle to the outside world through that tube.

When they do a vasectomy, we've all heard of that, that's the tube that they cut so that the sperm can't get out. And this gel actually does provide a physical and hormonal barrier to the sperm traveling north into the urethra.

Peter: [00:15:48] How often do you have to have this? It's an injection, right?

Dr. Kipper: [00:15:52] It's an injection. And it can be reversed. It can last if you leave it alone. It can last up to a year. But if you decide that you no longer want to have this problem or this advantage, however you look at it, they can take it out.

Peter: [00:16:09] How do they take it out?

Dr. Kipper: [00:16:11] It's done through a needle. It's a needle injection. And, obviously, somebody is on propofol -- Peter's crossing his legs as we're talking about this.

Peter: [00:16:20] No, but I'm just thinking it's going to take you and who else, Doc, to hold me down.

Anna: You and the propofol.

Dr. Kipper: [00:16:25] But it is a choice. It's another option. You know, it's an option different than condoms, which have a failure rate. This has about a 95% success rate, by the way. And condoms, they can fail up to 15% of the time.

And vasectomies are pretty good. Vasectomies have about a 99% effective rate. And, allegedly, and it's true that vasectomies can be reversed, but it's a little more complicated than just putting some fluid into the vas deferens.

So, it's a very interesting option now that's on the table. They're currently doing a study on 450 couples to just prove it. They've already done, I don't know how many people were in the initial study, but a lot of men were in the initial study.

Peter: [00:17:17] Any negative, David, is there a downside to this, or anybody who can't get it with whatever blank condition where you can't have this?

Dr. Kipper: [00:17:23] The downside is that it hurts a little bit afterwards. There's swelling and inflammation, and then that goes away and then it's painless.

[music]

Peter: [00:18:38] We had a caller this week in our Hey, What About Me? segment who wanted to know about her, she had an aneurysm. And it's a thoracic aneurysm I think. And that will be explained. And she wanted David to address it because she was scared. So here was the call.

Caller: [00:18:53] My name is Laura. I just got an MRI and got the results for an aneurysm in my heart. And it's actually a thoracic aneurysm. And back in 2016, it measured 4.2. And the results that I just received a few days ago it is now 4.5. I'm quite alarmed, and I don't know what to do. And please help. Thank you so much.

Dr. Kipper: [00:19:26] Laura, thank you for this call. This is, an issue that affects a lot of people. And I think it's a very important issue for reasons we'll get into in a minute. But Laura had a thoracic aortic aneurysm. The aorta is the big tube that comes out of the heart and delivers blood everywhere in the body. And an aneurysm is a weakened area in this big artery, the aorta.

And as it weakens over time, it widens. And we measure this in centimeters. Laura, you said yours was 4.2cm. And if you look at your finger and you bend your index finger, so you're pointing the tip of it down to your hand, that little ridge that goes across is an inch, and an inch is 2.5cm. So 4.2cm, which is what Laura was advised that her aneurysm measured, is not yet dangerous.

Laura, your question being, you know, when is it dangerous? It's dangerous from 5 to 6cm, and that's about 2.5in. So if you can conceptualize that amount of swelling out of a major vessel, that's how big this is. And they grow slowly. They're usually asymptomatic.

But this is where I think Laura's question is very important. We detect these usually when we're looking for other things. But if you do a CT scan or an echocardiogram, you don't see these on a conventional chest X-ray. But when you find these and you measure them and they're above 4cm, you then have to follow these people carefully.

And again, they don't generally race ahead, but you have to have a place where you can go and have this regularly monitored. Your doctor will certainly help you with this, but as they get bigger and bigger, they are going to break open at some point. And when they break open, you're gone. That's it. So you want to catch these things early enough so that it can be monitored. And then when they get to 5cm, you want to fix them.

Peter: [00:21:44] And how do you fix it?

Dr. Kipper: [00:21:45] Well, the fix is simple. It is now. It used to be that you basically crack open the chest and go in and you would put some kind of stent or material around the outside of this aneurysm. Now they can actually put a sleeve into the vessel through a vessel. They can go in through one of your arteries, feed it all the way into the aorta, at the area where the aneurysm is. And it's basically like getting a patch on a bicycle tire.

Peter: [00:22:16] So, it's like when they re-pipe your plumbing. In other words, there's a weak spot. They put pipe inside so the inside diameter is smaller, but that's okay. It's a little more pressure. Correct?

Dr. Kipper: [00:22:25] Yes. So people should be aware of this. I had a patient many years ago, who was a very dear friend, one of my best friends, and he went into the hospital emergency room, he was having chest pain, and they sent him home with Xanax, saying that you're anxious and, you know, take it easy. Calm down. It didn't get better on the Xanax. He went the next day because he passed out from this. And the doctors looked at him. And it was the same story that, well, you know, you've just got to go for a walk and you've got to get active. The third time he came back to the emergency room is when he died. He didn't die that moment. But then they did the appropriate test.

And so the symptoms that you have to pay attention to are chest pain, shortness of breath, things that might let you think you're having a heart attack or a panic attack, and in his case, out how he was evaluated. And it was horribly sad because he was a very vital and well-loved guy.

And it's a diagnosis that shouldn't have been missed. He goes into the hospital complaining of this. They should have done some testing on him. They had CAT scans at that time. They had ultrasounds. They had echograms.

They could have diagnosed this and he could have been cured. And, so for our listeners, make sure that when you go in for your regular exams, and I would start doing this in your fifties, ask them to look for aneurysms. And that's a simple echocardiogram, which is a soundwave noninvasive study. They could do CT of your chest. And they can find this. So they're easy to find and then they're easy to monitor going forward.

Peter: [00:24:16] David, what's interesting is, and I don't know how many people listening, even would have heard the term "stent." You have been doing this medical thing for a long time. I never stop to ask what exactly is a stent when they put it in?

Dr. Kipper: [00:24:27] So, a stent, if you think of you're talking about your plumbing like PVC, right? This is like a little tiny PVC tube that you feed in through the artery. So let's say it's in the heart...

Peter: So, that's a stent?

Dr. Kipper: That's a stent. It's a narrowing in a vessel. You put the stent in and it opens it. In this case, you basically are doing the same thing. You're putting a stent into that aorta. But it's not necessarily to widen the aorta. It's to protect the aorta when the aneurysm breaks.

Peter: [00:24:59] And the other thing is, I don't know if there is an answer to this. So somebody's centimeters, the size is enlarging. And you said it enlarges slowly. Is there anything, if a patient has one of these, they shouldn't be doing that can accelerate the growth beyond the slow-moving growth that you anticipate?

Dr. Kipper: [00:25:16] No. There isn't a specific thing to do except to monitor it. There are people that are at risk. These are people that have high blood pressure, coronary disease, any other vascular disease. There's a genetic variety of this. And that happens in young people because it's genetic. If you have that in your family for people at a younger age, you go get tested at a younger age, you go start get tested in your thirties and have these very simple, noninvasive tests to identify your risk.

Peter: [00:25:48] But there's nothing I can do, like drinking, smoking cigarettes, alcohol?

Dr. Kipper: [00:25:53] You can make it worse, Peter, with all those things. Yes. Okay.

Anna: [00:25:58] So, I was going to say, drinking and smoking can't possibly make it better.

Peter: [00:26:01] No. Understood. But I didn't know if the size of it is impacted by behavioral stuff or it's just genetic and it grows based on genes.

Dr. Kipper: [00:26:09] But those specific things damage the internal lining of the blood vessel. That's why they're dangerous. Cigarette smoke is carbon monoxide, basically. And carbon monoxide is the toxin to the inside of a blood vessel. That's why those people, and people that are diabetic are predisposed to this, because they have vascular problems with their disease.

Anna: [00:26:34] Cut them all out. And if you know what, if we're recapping here, let's be honest, we want to have a cure-all. And it sounds like a walk is a way to help our bodies, but don't have a cigarette on your walk. Don't.

Dr. Kipper: [00:26:47] Get off the couch 30 minutes a day. Go somewhere where it's pretty, and after you do this for a little while, usually it's about two weeks before people change a habit, it will become part of your daily life that you'll enjoy.

Anna: [00:27:02] And on the flip side, doctors who murder.

Dr. Kipper: [00:27:06] When you go to a new doctor, you should ask them how familiar are they with poisons

[laughter]

Dr. Kipper: And, again, it's we're people like everybody else.

Anna: [00:27:18] And, if they give you a gout smoothie, maybe don't have it?

Dr. Kipper: [00:27:21] If your doctor's empathic, you're likely not to run into that person. But just so you know, the Hippocratic oath says do no harm doesn't apply to all of us.

Peter: [00:27:32] That's why, when I go to a new doctor, I say, "Where did you go to school? What did you specialize in? And where's your wife right now?"

This Just Happened: The new male birth control option. That sounds pretty solid. And we don't know the price yet, but it sounds pretty effective.

Dr. Kipper: [00:27:50] Outpatient procedure. It's an injection through the scrotum into the vas deferens. That's the tube that carries the sperm. And it's relatively simple, and it's got a very high success rate. It can be reversed very easily.

Peter: [00:28:05] And then, you know, Hey, What About Me? segment Laura had a question about thoracic aneurysm.

Dr. Kipper: [00:28:10] So thoracic aneurysms are not that uncommon. And they are something that you should look for in your general evaluations. Once you're 50 years old, have your doctors start checking your aorta. And that can be done with an echocardiogram. It can be done with a CAT scan.

If you have a family history of that, you should be checked early. And if you have a family history where this happened to members of that family at an early age, you definitely have to start looking for this.

Anna: [00:28:41] And if you guys have a question for Dr. Kipper, why don't you head on over to [BedsideMatters.org](https://www.BedsideMatters.org)? Put in your questions, send us a card or a letter, and Dr. Kipper might just answer it on the air. Also, we have socials: [@BedsideMattersPodcast](https://www.instagram.com/BedsideMattersPodcast) on Instagram, [@BedsideMattersPod](https://twitter.com/BedsideMattersPod) on Twitter/X. Follow us.

Peter: [00:29:01] And you know what? If you haven't bought *Override* yet, David's book, you should really get it. Because it's when we're talking about 2024, it's amazing how much your behavior is controlled by your brain chemistry. This is about understanding who you are and why you procrastinate, why you do the things you do, which is very fascinating.

Anna, of course, has the website, which offers recipes, sauces, spices, her cookbooks. It's all about gluten-free, grain-free, low-carb eating. So go to [AnnaVocino.com](https://www.AnnaVocino.com).

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