

The Healing Power of Music + The Mysterious Side Effects of Semaglutides

Peter: [00:00:32] Hey, everybody, welcome to Bedside Manners. It's the podcast that addresses the medical issues that impact every single one 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. I'm one of your hosts, Peter Tilden. Anna Vocino is joining us, and also Dr. David Kipper. And we've got, I hate to say an exciting show today, but it's always kind of interesting because the medical issues that plague us are fascinating.

Anna: [00:01:00] And, in fact, we're going to begin this episode a little bit differently. Instead of a solid one topic, we're going to cover three quick updates, followed by music, music's healing properties.

Peter: [00:01:13] And in this week's Hey, What About Me? we received an email asking about what could be early Alzheimer's, so we'll find out about that in just a moment.

Anna: [00:01:21] So, let's start. We have three quick updates. And the first one, let's revisit some Covid protocols. I know Peter, as well as myself, have had two people this week that we know test positive for Covid.

Are people supposed to be quarantining still? Like what are the regulations? Do we wait until we test negative? Take the Paxlovid? What's going on with Covid protocols? What should we be aware of?

Dr. Kipper: [00:01:41] First of all, we're still in an excessive amount of Covid, this newer variant. It's not so new anymore, but it doesn't seem to be going away. So there are a lot of people with Covid and the symptoms are very reproducible and predictable.

There's headaches, sinus stuff, sore throat that comes and goes pretty quickly, little cough. And depending on whether you've been vaccinated and how many times you've been vaccinated, and what your immune status is, will pretty much dictate how severe your symptoms are going to be.

But I really encourage people with the beginning of these symptoms to call your doctor and get Paxlovid. Paxlovid will keep you from getting long Covid. Paxlovid will make this whole experience much different and better.

So, I'm still getting the same questions. I don't test positive, therefore, I can't have Covid. You don't test positive in the beginning because your immune status or you've been vaccinated suppress the amount of virus in your system. So it doesn't reach the threshold to give a positive test.

So please just go by your symptoms. Call your doctor, let your doctor make that decision. But don't just assume you have something else because, if you don't treat it and another day or two goes by and now you're really sick, it's too late for the Paxlovid.

Peter: [00:03:05] What about the quarantining? Did they change the protocols for quarantine? To what?

Dr. Kipper: [00:03:09] Yes, to three days. So the CDC now says that you only need to quarantine for three days. Remember in the beginning of this, it was two weeks. Then it was ten days. Then it was five days, and now it's three days.

Peter: [00:03:24] My wife still says two weeks, that if I get it, I've got to stay away two weeks.

Dr. Kipper: [00:03:30] Anyone that knows you would tell you to quarantine.

Anna: [00:03:32] We all tell you two weeks. Two to three weeks.

Peter: [00:03:33] You support me. The wind beneath my wings. So three days?

Dr. Kipper: [00:03:38] Three days.

Peter: [00:03:39] Okay. All right.

Anna: [00:03:40] Now, our next quick update. Thank you for that, is Tabex. I know that you wanted to address something with the Tabex. Am I saying that correctly?

Dr. Kipper: [00:03:47] Yes. If you'll remember, we did a story on the plant-based material that is a 25-day course of treatment for \$57. So it's not a pharmaceutical and it's available in Eastern Europe and it's available in Canada. And the name of the drug in Eastern Europe is Tabex.

And that's the name that we used on the air: T-a-b-e-x. Turns out a lot of people called and said, well, we're calling everyone we know in Canada, and they've never heard of this. And the reason they never heard of it is it's got a different name in Canada, and that name is Cravv.

Peter: [00:04:28] David, the question is why, if they have an Eastern Europe, it's approved. If they have in Canada, it's approved. Why are we the last to know? The last to have it for anti-smoking?

Dr. Kipper: [00:04:38] It's a great question. And the answer to that is there's no drug company wants to invest money into something that's a natural product. It would be like Eli Lilly trying to invest in marketing oregano, they can't because they can't patent that. And they've actually tried, believe it or not, there were a lot of attempts to get this product patented, but they couldn't. It was a natural product.

Peter: [00:05:06] So, if you know someone in Canada or in Eastern Europe...

Anna: [00:05:10] Tabex and Cravv, might have to run the border. So, our third update is this is what I love about Dr. Kipper having an active practice, because he can bring some ripped-from-his office headlines for us. So you've noticed a new side effect for the semaglutides, right?

Dr. Kipper: [00:05:27] Yes. And this was a surprise to me. And, the semaglutides we know, we talk about them all the time on this show and how great they are. Well, I had two patients this week call me with the same side effect.

This came from two different versions, two different products. And these people fell asleep almost on a dime into a deep sleep. But not for a very long time. Minutes. And when they woke up, they had no understanding of what hit them. And I'm going to ask Peter, Anna, Lorre, do you have any idea what could be creating this?

Anna: [00:06:05] Was this shortly after they did the injection?

Dr. Kipper: [00:06:09] Very good question. No. One was within a day or two, and the other one was sort of at the end of that week.

Peter: [00:06:17] So the body's shutting down for a reason. The body would put you in a resting thing as a response to something. So the respiration slows down. Everything else slows down. Yes?

Dr. Kipper: Yes. Good.

Anna: [00:06:27] I was going to say, is it because the gut is slowing down? So you're tired?

Dr. Kipper: [00:06:32] I don't know the answer. Here's my guess. I mean, I have a guess. So what this medication does is it increases the amount of insulin, right? So you have you have a meal, the sugar comes in. And now instead of getting a few of these little insulin hormones, you're going to get a ton of them. And so what I'm thinking happens is that the insulin level is so high that it actually lowers the blood sugar so much that these people become hypoglycemic, which is why I think that they wake up relatively soon.

Because when your body goes into hypoglycemia, your liver puts out the storage product for sugar, and that store, that's glycogen. And the storage product then releases sugar back into the system and they wake up. So I'm, again, this I haven't read anything about this. I'm just deducing this. I could be way out of line here.

Anna: [00:07:34] Well, you should ask them if they had a particularly carby meal before it happened.

Dr. Kipper: [00:07:39] I did ask them and it had no relationship to a meal or even what their last meal was. And these came at different times.

Peter: [00:07:49] Wow, so it'll probably be in the literature soon if you're seeing it.

Anna: [00:07:51] Yeah, exactly.

Peter: [00:07:52] Cropping up everywhere.

Anna: [00:07:53] Yeah, it'll come up.

Dr. Kipper: [00:07:54] So, it'll be interesting to see what the real answer is.

Anna: [00:07:58] Yeah, for sure. So moving on: Music. Studies have come out saying music is healing. I feel like it's very emotionally good for you to listen to music. It can be a mood booster. So what's the idea behind these studies?

Dr. Kipper: [00:08:14] These studies are interesting because they've been done on the elderly. And this group of studies were done in institutionalized seniors. And I don't mean for mental reasons. I mean, that's physical.

Anna: [00:08:28] In nursing homes. Okay. Got it.

Dr. Kipper: [00:08:30] Yes. And we know that in this population there are a lot of things that affect physical and emotional health. A lot of these treatments are pharmacologically based. So music is non-pharmacological. Music is now a behavioral treatment. And so they studied this to see if it had any real value. And it turns out it definitely does.

It has physical value for health. It lowers blood pressure, lowers heart rate. It improves emotional health. It reduces anxiety, improves mood. It promotes creativity. And it also stimulates social interaction.

This is one of the things they were able to see, because there are a lot of people gathered together in these homes. And the program was interesting. What they did was that they greeted people, with a song in the background. So when they were saying hello to somebody, there was music playing.

There were rhythm exercises where they were doing clapping and body drumming, where they're slapping their thighs to the beat of the music. They were singing along to songs from their childhood. And when they would say goodbye, and this was a group that was coming in to test these people, they had five minutes of a farewell with music that these people had selected that they enjoyed.

So it was a very successful group of studies, and they all came to the same conclusion. There are some interesting nuances to this. They didn't find any gender differences with the music therapy. So, it was the same in men and women. Single men without children reported that there was a greater benefit in their physical well-being, in their physical health.

And there were some in these facilities that had no children. They didn't do well, but those that were families reported a much higher – and this makes sense – improvement with depression. So their mood went up. How they correlated this with and without children and with families, I'm not really sure, but there were some nuances.

Peter: [00:10:53] Interesting. So it's like a soundtrack to your life. It's giving you a rhythm. It's giving you a, I mean, you're taking it in. So it does help with everything, right? As far as your breathing, it impacts you in a subliminal way.

Dr. Kipper: [00:11:06] Yes. They showed that there were great cognitive benefits, and the decline was mitigated with music therapy.

Peter: [00:11:14] That's great.

Anna: That's amazing.

Peter: Music's powerful.

[music]

Peter: [00:12:06] This Just Happened. The new cancer vaccine was developed that could treat some types of pancreatic, colorectal and other deadly forms of the disease.

Anna: [00:12:15] Amazing.

Peter: [00:12:15] David, please tell me that this is something great on the horizon, that soon, can happen soon.

Dr. Kipper: [00:12:20] It's there. We're in late-phase clinical trials. Sloan Kettering, by the way, in New York, is pioneering this work. And they're using the mRNA vaccine. And vaccines have traditionally for cancer been impossible to create. But now that we have this mRNA technology, and remember what this does, think of Covid, it does the same thing.

These mRNA vaccines, they take a piece of the bad guy, in this case the cancer, and they create from that an immune response. They can take a small piece of this and they can tag it, to the mRNA. They create an immune response to that cancer, and that creates T cells. And these T cells attack the tumors.

There is a delivery system. How do they get this actually to the lymph nodes? Because you can't just put it in the bloodstream. It's too small so it gets lost. So what they did was they tagged it to a protein called albumin. We all have albumin. It's a normal protein. And the albumin swims through the system. It's bigger. It grabs on to the mRNA and it finds the lymph nodes. It goes to the lymph nodes and it creates this level of antibody response, T cell response, also to these tumor cells.

And now you've got these spiders that are going through the lymphatic systems. And they're going to find the cancer. And it was just, it's remarkable. And for the pancreatic tumors, there was about an 85% response rate in people that had pancreatic cancer. And these were people that had previous treatment for their cancer. And they studied 25 people with these cancers. And they saw a similar situation with colon cancer. The reason colon cancer and pancreatic cancer are so difficult is that they have what are called, they're KRAS genes. K-R-A-S.

Mutated KRAS genes are responsible for these very dangerous tumors that have a very difficult cure rate, that have a higher recurrence rate, and they spread rapidly. So these KRAS genes, which are in both of these tumors, the colorectal and the pancreatic, were the ones that were tagged basically. And in the colon study, they also did very well. Probably a third of these people did very well.

Peter: [00:14:59] David, let me ask you, because I'm guessing, projecting, so with pancreatic cancer, we had Eric Idle on weeks ago, we talked about the fact that you had a test done to detect it. You caught it early because of a test that you suggested. But pancreatic cancer is usually caught pretty late because you don't get symptoms until pretty late. Am I guessing that these that this cured or had a great rate with late pancreatic cancer and not early detected the cancer?

Dr. Kipper: [00:15:27] Yes. So part of this study was in people that had cancers that had been treated. What I think is interesting for our listeners is that Memorial Sloan Kettering in New York is looking for volunteers, and they're looking specifically for volunteers that have not been treated. So if you're listening and you have a family member or a friend that has been recently diagnosed, I would give Sloan Kettering a call, ask for their pancreatic or

colorectal cancer program, with the vaccines, and perhaps you could get on board with this.

Anna: [00:16:06] I got to give a shout-out to Memorial Sloan Kettering. That is where my brother-in-law, who had the glioblastoma was treated. And they are amazing. They're an amazing team. They're doing incredible work with rare cancers. And so I love hearing this story.

Dr. Kipper: [00:16:20] Anna, to your point, about Memorial Sloan Kettering, I want to expand on this for a minute. I actually take patients to New York to these specialists, because these specialists, some of them are the best in the world. And so for people that aren't able to travel like that, we now, because of Covid, do Zoom treatments.

If you are a listener, you have a family member or friend that has a specific kind of cancer, ask your doctor if they could connect you to somebody in the country that specializes in that cancer. And there are more than one center around the country, and if you identify that doctor, you then make a Zoom appointment.

You get that doctor all the records and you spend – and I just did this yesterday with a patient of mine -- and you spend an hour with an expert and you get a game plan for what that doctor would do. And then you can take that back to your team locally, wherever you are, and say this was an opinion I got from a well-established center. So this is another trick for listeners to expand their treatment options.

Anna: [00:17:32] That is so great.

Peter: [00:17:33] David, are most doctors responsive to that? If you bring back this is what this expert said, and we do this, do the doctors say we'll embrace that, or do a lot of doctors go, well, this is what we do here, this is our protocol, that's not what we do?

Dr. Kipper: [00:17:45] No, I think doctors, you know, again, their mission is to cure people. Their mission is to help patients. And I don't think the ego and in this context is what it might be, Peter, what you're referring to.

I think doctors are very happy, you know, good doctors are happy to have second opinions. Someone's afraid to say to their doctor, you know, I don't believe that or I'm not trusting this, I want a second opinion. If the second opinion gives someone a better treatment option, by all means go after that. And also, if you think about it, the doctor's going to learn something. The doctor may not have had that.

Anna: [00:18:25] Right. It's going to help their practice as well.

Dr. Kipper: [00:18:27] So, everybody wins.

Peter: [00:18:28] In Hey, What About me? Anna is going to read an email that we got from a listener that has a question about her husband's memory.

Anna: [00:18:36] I love this question because I feel like I know a lot of people going through this. So, Abigail from Indiana, thank you for writing in. So, Abigail writes: "My husband is beginning to lose his memory. He will go into a room and forget why he is there. He will tell me the same story several times as if he never shared them with me. He cannot remember where he put his keys or his phone, and he won't go to a doctor or admit

his memory is failing. Are there any things we can suggest to him to help him navigate his forgetful life?"

Dr. Kipper: [00:19:06] A great question from Abigail, and I think one of the points before we get into some solutions is for people to know that just because you're forgetting things doesn't mean automatically that you have dementia or Alzheimer's. And this is a big reason why people don't bring this up or people are resistant when a family member says, "You've asked me that 15 times. I've heard that story twice. And, yes, your glasses are in the living room." So don't be afraid to come forward with these issues and, as family members, as opposed to being frustrated, there are some things that you can do.

First, how does memory work? Well, this gets to the core of the problem. Memories, creating these, it's very complex. It's an interplay involving very different parts of the brain. And what sticks and what doesn't is determined, frankly, by another myriad group of issues. And these are physical health issues, attention span, genetic, sleep issues. So creating a memory is complicated.

So what can you do to help somebody remember, you know, when they're not focusing, when they're multitasking, when they're anxious, when they're not sleeping well? Here are some things that people can do. Actually, I'm going to turn this over to Peter and Anna. What would you suggest?

Peter: [00:20:37] More exercise, a little bit more activity, I would guess, yes?

Dr. Kipper: [00:20:40] Yes.

Anna: [00:20:41] Blood flow to the brain never hurts.

Dr. Kipper: [00:20:44] Yes, activity. Physical exercise improves cognition in everybody. Again, new blood vessels are created with exercise. That means new blood vessels, not just in the heart and the muscles, but also in the brain. So, Peter, you hit a good point.

Peter: [00:21:01] Well, that was an easy one. I don't know, is there a coffee? Is there anything natural to drink, to do, or whatever, that can help?

Anna: [00:21:07] Or don't have junk food and keep the inflammation down, I guess?

Dr. Kipper: [00:21:12] Exactly. So your diet, you know, they talk about a Mediterranean diet, which is a low-acid diet, frankly. And so that's a healthy diet. So a healthy diet helps if you have a lot of acidity in your system, it's going to also be there in the brain. So, yes, those are two good suggestions.

Anna: [00:21:31] Do Sudoku puzzles, jigsaw puzzles, memory games.

Dr. Kipper: [00:21:35] Yes, challenge your brain. Learn a language. Do a puzzle. Take up an online course for something that you've always been interested in. So stimulating your brain, making you think. Use cues around you. You're in the bedroom, you're looking for your glasses, and you go down to the kitchen to see if you can find them there, if you left them there.

The cues that we have around us factor into our memory. For instance, if you're in the bedroom, those cues are a bed, maybe a television, a nightstand. You go into the kitchen

to look for your glasses, you have totally different cues. You have a refrigerator. You have a sink. You have a jar of peanut butter on the counter.

Anna: [00:22:21] How do you know my kitchen?

[laughter]

Dr. Kipper: [00:22:24] Well, those are different cues. And those cues will now totally sabotage that hunt for your glasses. Now you're thinking somewhere else. So focus on the cues of where you leave things and reinforce that. Some people will actually talk out loud and say, "Okay, I'm putting my glasses down here on my nightstand."

Anna: Yes, that helps.

Dr. Kipper: I know it sounds silly. Yeah. If you're multitasking, don't. As you're multitasking, your brain is going in 17 different directions. You might be getting a lot more done, but you're going to lose your keys.

Anna: [00:22:59] I feel like for me, two years ago, the forgetting way I walked into the room thing started and I started singing a song. "Why did I?" It was a song I made up called "Why Did I Walk in Here?" Because I just I didn't know, you know what I mean, and it still happens quite a bit. And then somebody said it was actually one of the symptoms of perimenopause that you get forgetful and do that.

Dr. Kipper: [00:23:21] By the way, an interesting idea. You can remember the song, but you can't remember where your keys are.

Anna: [00:23:27] I remember the theme songs of all the '70s and '80s sitcoms that I watched as a kid, but I can't remember why I walked in the room.

Peter: [00:23:36] I'm fascinated because I would be scared if I was married to you, if I heard you singing a song, "Why Did I Walk into This Room?" That would freak me out. Okay? Totally would freak me out.

Dr. Kipper: [00:23:44] You would know she was lost.

[laughter]

Dr. Kipper: [00:23:47] I just want to throw out two more suggestions to Abigail, and they're pretty simplistic. One is, if you designate a place in your house where you're going to always put your keys or your glasses, I know that sounds simplistic. That works.

And another thing is associations. You go to bed at night. You want to remember something. If you take an object, let's say a book, you're getting into bed and you have to do something in the morning, but you know you're going to forget. Put a book on the floor. When you get up in the morning, you're going to think, "What's that book doing there? Oh, it's because I have to do this," and that works. So there are some simple things, Abigail, that hopefully you got something out of this.

Anna: [00:24:31] Ever since I was young, I would write a note and put it on the floor next to the bed. Ever since I was little to remember stuff.

Let me say real quick, if you guys have a question for Dr. Kipper, please email us. Please go to [BedsideMatters.org](https://www.BedsideMatters.org). You can send us, slide into our DMs on the socials. We've got Instagram and Twitter, so make sure you send us your questions and we might just answer yours on the air.

Let's do a recap. We covered some important updates: Covid.

Dr. Kipper: [00:24:57] Still a problem out there. Be careful with the testing. Seek treatment with symptoms. Don't wait for a positive test. And there's a new protocol for quarantine, which is now down to three days.

Anna: [00:25:11] Tabex versus Cravv.

Dr. Kipper: [00:25:14] So, in Canada, Tabex is called something else, C-r-a-v-v, however you need to pronounce that. Our listeners got stuck because they couldn't find Tabex there for a good reason: It's under a different name.

Anna: [00:25:29] And then the side effect that you notice with patients this week from semaglutide.

Dr. Kipper: [00:25:33] People falling asleep on a dime and into a deep sleep and then coming out of it relatively quickly so we don't have an official answer. I have a thought, but, if that is happening to you, you might talk to your doctor about the dose.

You might also carry some sugar cubes with you. Not that you're going to be able to access them if you're sleeping. But you should warn those around you that this has been happening and also tell your doctor.

Anna: [00:26:01] And then there's a new study that came out on the healing properties of music.

Dr. Kipper: [00:26:06] So, sing yourself into good mental and physical health, improves cognition, socialization, lot of benefits. And these aren't pharmaceuticals, these are behaviors, so easy to access.

Peter: [00:26:21] Important. Also, This Just Happened, a brand new cancer vaccine that may be really potent for these deadly cancers, like pancreatic cancer.

Dr. Kipper: [00:26:31] There's this new use for the mRNA vaccine, which treats very aggressive cancers, like pancreatic, colon, some lung cancers. And it works in very much the same way by stimulating and recruiting your immune system to fight these very difficult cancer cells.

And at Memorial Sloan Kettering, they're having really good success with this. And the take-home message here, if you have a loved one with one of these serious cancers, I would get in touch with Sloan Kettering because they're looking for volunteers.

Peter: [00:27:08] There you go. By the way, I want to thank you, Dr. Kipper, of course. Thank you, Anna Vocino. Dr. Kipper's book is called *Override*. And the book is important because it's a fascinating look at why you're the way you are and why you have the behaviors you do and how you can actually change them.

And also, Anna Vocinio. I love, I have her sauces. I'm addicted to the sauces. And she's got recipes. So, go to AnnaVocino.com. And you've got a new book, right?

Anna: [00:27:32] Eat Happy Italian. It's the new book.

Peter: [00:27:35] And, thank you. If you're sick and tired of being sick and tired, we're here to help you. We offer new episodes every Monday, so follow us, like us, have a great week and maybe Anna will send you the book.

Announcer: [00:27:47] The information on Bedside Matters should not be understood or construed as medical or health advice. The information on Bedside Matters is not a substitute for medical or health advice from a professional, who is aware of the facts and circumstances of your individual situation. Thank you for listening. If you enjoyed the show, please share it with your friends. We'll see you next time.