

A Revolutionary Stroke Treatment and New Concerns over Marijuana Use

Peter: Welcome to Bedside Matters, the podcast that addresses the medical issues that impact every single one of us, every single day. We're hopefully going to give you the answers you're looking for so you can be more informed and, of course, healthier. I'm Peter Tilden, I'm joined by Anna Vocino and Dr. David Kipper and you are hopefully going to answer a lot of medical questions because always, every week, David brings some issues that are topical and just breaking and an opportunity for you to ask questions. So, let's get this thing started.

Anna: [00:00:58] Yeah, the first thing we're going to be talking about today is, are the new Covid vaccines safe? A lot of debate I hear from a lot of people: "I'm not doing those anymore." And I'm like, well, that's not what Dr. Kipper says. So we're going to hear the latest.

And then, microplastics, can we get rid of these things? I've heard they're all over our bodies, but we're going to talk about a way that you can filter them out of your water.

Peter: [00:01:22] And why now. In This Just Happened, there appears to be a new sublingual medication for acute stroke. And then in Hey, What About Me? we have someone calling who's been smoking weed since high school. I don't know how long ago that was, but there are just articles out and stories out that it may not be so good for you. So, let's address these issues starting with number one.

Anna: [00:01:44] Okay. Number one, are the new Covid vaccines really safe? Dr. Kipper, I want to hear and I want to hear it comprehensive, because I'm tired of people telling me about some crazy symptom that started after they got a Covid vaccine. Is this true? Are they safe?

Dr. Kipper: [00:01:59] This is a question I get constantly from friends, patients, strangers, and I thought it would be a good time to talk about this because there was an article that I came across. I don't know if you saw this about the German man that was vaccinated 217 times.

Peter: [00:02:16] What a story. It didn't explain, David, right, why he did it?

Dr. Kipper: [00:02:21] I don't think they had to explain.

Peter: [00:02:23] And the great thing is he got busted because they couldn't imagine that he was doing it to himself. They thought he must be selling cards, turning it in for insurance or something. Because in what world do you think a guy got the vaccine that many times? But, David, the really interesting thing to talk about that is, even with a number of vaccines, right, there didn't seem to be a big negative effect, right?

Dr. Kipper: [00:02:46] Nothing happened to this guy. But during this study, he vaccinated himself again, I think two other times without them knowing it, initially. They ultimately found out, but interesting also, as he never got Covid. They tested his blood. He had very high levels of that responder T-cell. You know, that's the first T-cell that comes out when you're infected. His was six times normal, but he also had normal levels of the memory T-cells, which did make some sense, because once you have those memory cells, they're

there. They don't leave. The first responders do take off after a while, unless you're sticking yourself over 200 times and then you're replenishing.

But the CDC did a really great study, and this was really what caught my eye. They looked at 99 million people. They looked at ten different sites, eight different countries, and they wanted to assess the risks of these vaccines. And the published concerns have always been about myocarditis, pericarditis. These were the big concerns and what they found in looking at all this was that this was extremely rare from the vaccines, not so rare, 11 times more common in people that had Covid. So it was associated with Covid, but not with the vaccines.

And all that they did find from these vaccines, and this was all of them, they looked at Pfizer, Moderna, AstraZeneca. They had very, very mild injection site reactions. They really didn't have much. Some people had fever, some people had a little fatigue, but that was pretty much it.

So then when you look at the risk-benefit, which is what medicine's all about, is the risk of the vaccine, does that outweigh the benefit of getting Covid? And I think the direction of this study is very confirming. I mentioned that myocarditis and pericarditis was 11 times higher with the infection. Covid killed over a million people in the United States. No one died from a vaccine and the symptoms went way up with Covid infections and none with the vaccine.

So we didn't see any long Covid issues with the vaccine. So a lot of questions that still come up, and we've talked about a lot of these on the show. First of all, take a guess percentage-wise, how many Americans have never caught Covid? What's your guess?

Anna: [00:05:27] 40.

Peter: 30?

Dr. Kipper: [00:05:28] 25%. And the reason for this the question becomes why not? Why didn't they get it? They believe there's a mutation in the receptors or the enzymes that are needed to transport the virus into the cells. They haven't found that yet, but that's what seems to make sense. The other question that we've talked about on this show is why don't the initial vaccines protect us going forward? Anna, I bet you know the answer to that.

Anna: [00:05:56] Because it – mutation?

Dr. Kipper: [00:05:59] Yes, the vaccines are going to be better, by the way. They are going to incorporate, because of the mRNA technology, they're going to incorporate more pieces of the DNA, RNA from these bugs. It's actually RNA. Another question has come up many times, Peter, I'll throw this one at you. Why is it that some people test negative even when they're infected?

Peter: [00:06:23] Because it depends on when you test and when the viral load is at the biggest or the smallest or whatever. Yes?

Dr. Kipper: [00:06:28] Exactly, right. And, remember, we have these memory immune cells that when we've been infected or vaccinated, those memory B cells come in, they

keep the viral load down. Exactly what you said, Peter. And that doesn't reach the threshold of converting to a positive test.

Peter: [00:06:47] Can I ask you before we leave this issue? Is it a flu season, are we having a big flu season or cold season, or is it still, David...

Anna: And RSV?

Dr. Kipper: [00:06:55] This is a terrible flu season and it appears that the flu vaccine was not so great. I'm seeing only flu at this point. Anna, to your point, I haven't seen any RSV in a month. What I'm seeing quite a bit is flu.

Peter: [00:07:09] What's this flu look like? What are the symptoms?

Dr. Kipper: [00:07:11] Well, the flu people are going to get a sore throat. It's more of a major sore throat than we saw with Covid. They're going to be tired, but not quite as tired. They're going to get shaking chills. They're going to get a higher fever. They're going to sweat. And they're also going to cough.

So they're getting similar symptoms. But they're coming in a different order. And they're actually symptoms that are a little more severe. The fatigue is less. That used to be the hallmark of what we were seeing with Covid. And it's probably a 5- to 7-day illness. So for those listening, one of the things that you can do is that you can ask your doctor about so flu so spelled with an X. Xofluza. Xofluza is an antiviral for flu. It's been around now for I think 4 or 5 years. Tamiflu. Most of us remember Tamiflu.

Anna: [00:08:04] That's gotten me out of a few jams.

Dr. Kipper: [00:08:06] And Tamiflu you took for five days. You took a pill twice a day. Xofluza you take two pills at the same time once. So it's a much more convenient way to do it. There are only two doses and it depends on how much you weigh. But it's a much better antiviral for the flu.

Anna: [00:08:26] Xofluza, I didn't know that one. Thank you.

Dr. Kipper: [00:08:29] Insurance companies are not generous with Xofluza. They're going to direct you to Tamiflu. It's not the better choice. But if you can pay out of pocket for this or convince your doctor to advocate for you, that's the one I would go for.

Anna: [00:08:43] All right, moving on to microplastics. Doc, this is horrifying. I've been hearing so much about how microplastics are in our brains, in our endocrine systems, in our soft tissues, and in all the good parts of our bodies that we don't want plastics.

But we're going to talk about today about how we can maybe filter some out of our water. Because I think about that. If all this plastic goes into the ocean and then they do the ocean water and it makes me crazy thinking about microplastics. So what can we do about this whole microplastic thing?

Dr. Kipper: [00:09:16] They're not only in our bodies, but the reason they're in our bodies is that these little tiny particles are everywhere in the environment. They're in the air, the water, the soil, our food. So it's really a problem. I'm sure you've all seen images of how much plastic gets washed up onto the shore, and how much is floating around.

So we can thank the Chinese for this, because they figured out by boiling tap water you could eliminate 90% of these microplastics.

Anna: What? How?

Dr. Kipper: Well, I'll tell you how. Good question. So they boil the water and they produce something called calcium carbonate. And calcium carbonate crystallizes and encapsulates these microparticles. And then you take this solution and you pour it through a coffee filter. And these microparticles stay back and the water goes forward and you have a much cleaner water source.

Anna: [00:10:16] So, that's like an at-home way of doing it? Or is there like do you actually see the little particles go through, get trapped in the coffee maker?

Dr. Kipper: [00:10:25] Yes, you can, because the calcium carbonate that's generated as you boil these guys is visible. And again they grab these things, they encapsulate them. And so you can actually see them as you're filtering them through the coffee filters.

Anna: [00:10:41] Wow.

Peter: [00:10:42] I'm silent because I cannot believe that we have not been protected to the point of, oh, yeah, there's plastic in your food and your water and good luck with that. The only way to get it out is to boil it. Okay. Good to know.

Dr. Kipper: [00:10:56] There are a few other things that we can do also. You still are left with about 10%. So we still have some of these. And the reason they're problematic in all these other organ systems. And, Anna, to your point, is that they change our microbiome. So we've talked about our microbiome and that delicate balance between the bacteria, the fungi, the viruses.

So some of the things that we can do to protect our microbiome are we can increase our intake of fermented foods, you know, yogurt, sauerkraut, pickles. Increase the fiber in your diet. Fibers act as a prebiotic that feed our good bacteria. Those are onions, asparagus, bananas, buckwheat. I don't know anyone that eats buckwheat, but...

Anna: [00:11:43] Some people who are gluten free will have buckwheat pancakes.

Dr. Kipper: [00:11:47] Well, I'm sorry if I've offended any of our gluten free listeners.

Anna: [00:11:50] I represent them. And you didn't.

Dr. Kipper: [00:11:52] Add some omega threes. They reduce inflammation. Anna, what are those?

Anna: [00:11:57] Fish oil? EPA, DPA, krill oil.

Dr. Kipper: [00:12:00] Absolutely.

Peter: [00:12:02] David's calling on us now. I'm, like, nervous, like I used to be in school.

Anna: [00:12:06] You should be nervous. Get with it.

Peter: [00:12:07] All of a sudden, it's like, "Peter, this is you." Oh, my God, what do I tell my dad?

Anna: [00:12:09] I was ready to say, all of the saccharides, or the onion and the garlic.

Dr. Kipper: [00:12:12] Where I see this problem as really sad is that this is way more common in underprivileged areas. I mean, think what happened in Detroit with the water source and those poor people, they couldn't have water, they couldn't drink the tap water. And this is not isolated to Michigan. We see this all over the world. So, this is a big problem.

Anna: [00:12:37] I think the tap water reports come back from a lot of major cities with probably, I mean, New Yorkers always brag about their great tap water, but a lot of us live in cities where the tap water reports not so favorable.

So that's a great method to use. And it's interesting that it, the boiling of the water creates the calcium carbonate, which that encapsulates the micro-capsules, because I think about calcium carbonate and how it's used in food applications. And it's often to take, like it's used in tomato sauce canning sometimes to take away the acid, to take away the phosphates that are given off. So that's very interesting. But also I had no idea it was going in that direction. I had no idea.

Peter: [00:13:15] By the way, bottled water that we buy, do they go and filter it out before they do it, or they just giving us bottled water we're paying for with...

Anna: [00:13:22] Plastic.

Peter: [00:13:23] In plastic.

Dr. Kipper: [00:13:24] I don't think it's filtered.

Peter: [00:13:25] That's what I mean. Oh, my gosh. All right.

Anna: [00:13:27] They say it's filtered spring water. But I would be I would be shocked.

[music]

Peter: [00:14:41] Let's move forward because this is good news. By the way, This Just Happened. Sublingual medication brand new for acute stroke. Is that accurate?

Dr. Kipper: [00:14:48] Yes. And this is fantastic. We've talked about stroke. We know there's two kinds. There's an acute ischemic stroke. That's where a little clot travels down a blood vessel clogs up the blood vessel at a certain narrowing. And no blood flow gets through. Therefore no oxygen gets to the tissue that's underneath it and that tissue dies, and that's a stroke. Same thing happens in the coronary arteries. That's a heart attack. And it's not just the area underneath that dies, but there's another circular area around that where there's inflammation for several days. Beyond the dead tissue, now you have other vulnerable tissue. So these are very time-sensitive issues.

And we've all talked about what we have out there currently. We have the alteplase, which is the clot buster. And our current therapies, in a perfect world, are for people to get the

alteplase, that enzyme that breaks up the clot. But we're also adding to that people that are going after the clot surgically. So the combination of grabbing these clots surgically at the same time that you give the clot buster gives the best outcomes.

So if you think about what that involves, that involves making a call to the 911 for the ambulance. The ambulance takes you to the ER, the ER then checks you in, works you up. This requires not only a lot of time and personnel, but it also requires being able to get into an emergency room pretty quickly. And, you know, it's a matter of time.

So the alteplase, the clot buster, you have about 4.5 hours for that to work. And that's not a long time. And it takes people quite a while to figure out that they're having a stroke, or that their loved one is having a stroke. God forbid you're on your own and you don't have somebody watching you. You're done.

So, this is a great breakthrough. Again, the Chinese figured this out and they developed something that is, initially they developed this, combination medicine, edaravone with dexborneol. And first they developed this medication combination as an intravenous product, and it worked. And what happened with this, it was the same issue. To get the intravenous product, you had to get to medical personnel. You had to be identified as having a stroke. And it was very similar to the same problems that we have with what we've talked about.

And then they decided, well, let's turn this into a sublingual, which they did. And they're now finishing their phase three trials, which means this is coming to your neighborhood soon. They took a thousand patients and they gave them this sublingual product. And 92% of these people had success. And the age range was from 18 to 80. So, it worked pretty much in everybody. And it did a lot of things. I mean, it protected the brain cells.

I have no idea what's in these two medications, but what's in these medications did the following. They protected the brain cells by removing nitric oxide. Nitric oxide destroys brain cells, destroys the cells. Also, there's an anti-inflammatory in this little cocktail, which helps, I just mentioned, about how there's that surrounding inflammation. So this took down that inflammation. There's an antioxidant in this cocktail, which clears these scavenger oxidants that are floating around. And it also improved the blood flow in the area.

So, it was sort of a magic combination of things. And it's fast-acting. It's convenient. You don't need an ambulance or an emergency room. You can give this within 48 hours of the onset. They even gave it to some people that were in a coma, and they got better. And you take it twice a day for 14 days, and voila.

Peter: [00:19:04] This is huge, right?

Anna: [00:19:05] If you're prone to strokes, can you get it? When will it be available? How do people get their hands on this?

Dr. Kipper: [00:19:10] From phase three studies, they go into massive human trials, but they've already looked at a thousand people. So I think that they recognize that this is going to work. And the intravenous variety of this also worked. So I think this is going to catch on pretty quickly. And if you can think about if you're a drug company and you smell this one coming...

Peter: [00:19:32] Dude, oh, my gosh!

Lorre: [00:19:35] Can I ask a question? What's a sublingual?

Dr. Kipper: [00:19:38] Under the tongue? Good question. I'm sorry, I could have made that clear.

Anna: [00:19:43] I mean, how many more medications that are given intravenously can we turn into a sublingual? I think that's really cool too. The idea of that, like not having to have needles and injections.

Dr. Kipper: [00:19:54] We have a lot of these. We have sublinguals now for migraine that are fantastic. We have sublinguals for nausea: Zofran, which is fantastic. And one of the values of a sublingual delivery system is that these medicines are digested by the salivary glands. So it's a different system that breaks it down as opposed to going through the GI tract, which have different enzymes. And that takes a lot longer for those medications to get into the system.

Peter: [00:20:25] Amazing. I mean, does it dissipate as fast, David, if it goes that way, if that's the delivery system, it dissipates just as fast?

Dr. Kipper: [00:20:32] Yes.

Peter: [00:20:33] Because the body's trying to get it out. Wow. This is a major, major breakthrough.

Anna: [00:20:36] Incredible.

Peter: [00:20:37] Incredible. Another angle for stroke is this week's email that we got, which, Anna is going to read. This is about pot use.

Anna: [00:20:46] So, Kadeem writes "Dr. Kipper, I'm 45 years old and have smoked weed since I was in high school. The media seems to be flooded with warnings about how marijuana can cause heart attacks and strokes. Is this true? Are they just trying to scare us?"

Dr. Kipper: [00:21:03] Kadeem, you're not going to like this story, but here it goes. And I think a lot of people are going to be dissatisfied with this one. This was a really thorough study, by the way. This was, a study that was done at MGH, and it was published in the American Heart Association journal, a very valid journal.

They looked at 430,000 people over a four year period from 2016 to 2020. And what they found was that ingesting THC, whether you smoked it, whether you swallowed it, significantly raised the risk for myocardial infarction, heart attack or stroke.

And the smoking statistics, smoking the flower added another disadvantage, which was lung disease and potentially lung cancer. That one hasn't been as fleshed out, but we know from these studies that these people ended up having lung problems. That's coming next I think. These risks, Kadeem, were independent of whether you ever smoked cigarettes. In fact, the people that they studied didn't smoke cigarettes.

So this was just limited to people that took marijuana. There was some slanting of the statistics that ingesting THC was worse than smoking THC. So gummies and the all the oral products might actually be worse. And I think making this problem even more significant is, if you look at the number of people that are now smoking marijuana, and the study gave these statistics: In 2002, there were 26 million people using cannabis. In 2019, there were 48 million people using cannabis. And now we're five years after that.

Peter: [00:22:58] [Laughing] So, there will be 342 million people smoking marijuana. Well, they kind of made it legal. They kind of make wink, wink, nod, nod, it's okay. Go for it. Hey, kids, look what we got. Have at it and see you later.

Anna: [00:23:09] Didn't they make it legal because it wasn't supposed to be harmful?

Dr. Kipper: [00:23:14] Well, that was always the thinking that this was not harmful.

Anna: [00:23:18] We didn't have studies back then when it was being made legal?

Dr. Kipper: [00:23:21] They did study it, but they didn't study it in the massive way they are now. The most vulnerable are people that are daily users. So daily users, Kadeem, are 25% higher likelihood to get a heart attack and 42% more likely to have a stroke.

Anna: [00:23:40] What about Peter?

Peter: [00:23:41] Tell me what I can do.

Dr. Kipper: [00:23:43] What you can do. If you've been a chronic smoker...

Peter: [00:23:45] I'm in shock right now.

Dr. Kipper: [00:23:47] Go to your doctor and you will assess your risk. Do I have a risk for coronary disease? And that's a very easy thing to understand.

Peter: [00:23:55] Like Anna said, shouldn't they have done a little more research before they opened the floodgates?

Anna: [00:23:58] And I know I feel like it was just like, "Hey, it's natural, man, let's just legalize it. It's fine."

Peter: [00:24:03] People's grandmothers are using this now.

Anna: [00:24:06] I was going to say, what about people who are using it to help chronic conditions, to help ease pain?

Dr. Kipper: [00:24:12] There's your risk-benefit.

Anna: [00:24:14] Okay.

Dr. Kipper: [00:24:14] But, again, I think one of the things that you can do is to assess your own risk. Understand if you have a family history of early heart attacks, stop smoking. If you have a family history, a strong family history for stroke, that's not good. But you can get your carotid arteries ultrasounded on a regular basis.

Peter: [00:24:35] Is this also the same, David, where if you stop that it can regenerate like with smoking?

Dr. Kipper: [00:24:42] That's a great question. And what's interesting about that question with cigarettes, if you're a chronic cigarette smoker and you stopped smoking for four years, your stroke vulnerability goes back to normal, goes back to the rest of the population.

Not true about your lungs. If you have a significant smoking history, and you stopped 20 years ago, you still have a risk for lung cancer. The difference now is that we have a way of finding these tumors with these CT scans. They're fantastic at picking up these very small tumors. A chest X-ray, if you find that cancer first on a chest X-ray, you have about a 10% chance of surviving that cancer. If you find that cancer on a CT, you have about a 90% chance of surviving that.

Peter: [00:25:34] Are they putting this information out in a big way since, again, like Anna said, the floodgates have opened in such a big way? Does the public know? I mean, every you know, I don't think I know that many people who aren't smoking, or taking gel gummies, or whatever, because it seems, especially for sleep issues, it seems innocuous.

Anna: [00:25:56] I can already think of so many people that, if I said this to them, the cognitive dissonance would be like, "No, it's natural, I'm fine."

Dr. Kipper: [00:26:03] I've had a dozen phone calls this past week, which says something about my demographic of patients [laughter], and that's what got me interested, because my knee-jerk reaction was, that can't be right. And then I looked into this study.

Peter: [00:26:19] And, again, just to recap, this was not like a 10,000-person study. This was how many people?

Dr. Kipper: [00:26:26] 430,000.

Anna: [00:26:29] Wow.

Peter: [00:26:30] Call me back when you got 800,000 in that study. A lot of people are going to be in denial. This is a big headline.

Anna: [00:26:37] I bet this is one of those ones too that where the more AI gets ahold of data, the more things we're going to find out too.

Dr. Kipper: [00:26:45] I think we should have ended this episode on the stroke prevention.

Anna: [00:26:50] Yeah, note to self.

Peter: [00:26:51] Since we just did this, we don't have to include this in the recap. Let's just do the other three.

Anna: [00:26:55] So, to recap, Covid vaccines, are they safe?

Dr. Kipper: [00:27:00] Ask the German guy that's had 217 more than me. It appears to be yes, the answer is they're safe.

Anna: [00:27:08] Then, microplastics. A cool way to make sure your tap water is 90% free of microplastics.

Dr. Kipper: [00:27:15] Boil your water.

Peter: [00:27:16] And then put it through a filter.

Dr. Kipper: [00:27:17] Right.

Peter: [00:27:18] Sublingual under-the-tongue medication for acute stroke. That sounds like a huge breakthrough.

Dr. Kipper: [00:27:24] This is the most positive thing we've spoken about during this podcast. And it's an under the tongue. You can take it up to 48 hours after the event. It's got an incredibly high cure rate, and it limits the damage in the brain. You don't need the paramedics, you don't need the emergency room. And this is going to be huge for people. So understand your risk, which I think is important. Make sure you see your doctor. Make sure you assess your risk. Stop smoking, watch your alcohol level and have your carotid arteries ultrasounded.

Peter: [00:28:01] And in Hey, What About Me? thanks, Kadeem, for your question. Really appreciate it.

Anna: [00:28:06] Thanks for bringing this all down, bro.

Dr. Kipper: [00:28:08] Go back to the same bit of advice, which is to understand your risk. So, if you have no risk for coronary disease, marijuana is not going to give you coronary disease if you're not at risk and it's not going to give you a stroke if you don't have that risk. So go to your doctor and get checked up and see whether you are or you're not able to keep going.

Anna: [00:28:35] By the way, if you'd like to be like Kadeem and have your question answered on the air, good or bad, send them our way. Go to [BedsideMatters.org](https://www.BedsideMatters.org). Enter your question there or follow us @BedsideMattersPodcast on Instagram, @BedsideMattersPod on Twitter. And we might just answer your question on the air.

Peter: [00:28:53] And do you want a fascinating book? Override. It tells you why you're the way you are and how to change your behavior based on your neurotransmitters. And there's a quiz in there to figure out who you are. And everybody has behaviors they would like to change, like cutting out marijuana and not procrastinating. It's all in the book, Override.

And, Anna, thank you for your recipes, your sauces, your spices. It's all in Anna's website, [AnnaVocino.com](https://www.AnnaVocino.com). Producer Lorre, thank you for your help.

Thank you for listening. If you're sick and tired of being sick and tired, we're here to help. We offer new episodes every single Monday, so follow us, like us, and have a great week in spite of today.

Announcer: [00:29:34] 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.