

Old Brains vs Young Brains, Cushing's Disease and Home Remedies for Nausea

Peter: [00:00:30] Hello and welcome to Bedside Matters, the podcast that addresses the medical issues that impact every one of us every single day. We'll hopefully give you the answers you're looking for so you can be more informed and, of course, healthier. I'm Peter Tilden. I am joined by Anna Vocino and Dr. David Kipper.

Anna: [00:00:45] So, we're going to start off with do-it-yourself home treatments for nausea, as well as are older brains better brains?

Peter: [00:00:53] In This Just Happened, we're going to talk about inflammatory protein that can help with asthma. And, I said caller, but our emailer today wants to know about Amy Schumer. That's been all over the news. She has Cushing's Disease. And everybody's going, what is exactly Cushing's Disease? And we'll find out.

Anna: [00:01:12] So, let's start with do-it-yourself home treatments for nausea. First of all, I want to know about what that is because we love a home hack here at the Bedside Matters podcast. But are we talking about nausea in a case like if you're pregnant and nauseous, or, if you're dizzy, what's the nausea result that you can help with?

Dr. Kipper: [00:01:29] All of the above.

Anna: [00:01:30] All of it. Okay, good.

Dr. Kipper: [00:01:32] And I have a question for the three of you. This is a call I get routinely where you're at home and you're nauseous. You're throwing up. Have you had those experiences or an experience like that?

Peter: [00:01:47] You know, it's funny. I'm not a thrower upper.

Anna: [00:01:49] When I was pregnant, I threw up every day for six and a half months. So, yes. And then I realized I'm kind of a puker. Like I can get, I can get nauseous pretty easily. Like, things can gross me out.

Peter: [00:02:03] Oh, if I see, it's like that episode of Family Guy where everybody is puking because everybody's puking. They keep puking because they see it.

Dr. Kipper: [00:02:10] If I can get this out of the toilet for a minute, there are gastrointestinal issues, you know, bad food, food poisoning, medications can do this, these weight loss medicines. The one side effect that they seem to all share is the nausea and vomiting.

Infections can do this. Pregnancy, Anna, you hit that one. So, one of the things that you might want to do is ask your doctor about, are there any prescription medicines that you can have for nausea.

And there are plenty of these. And the one that is really the easiest now is the sublingual. You might remember that word from a previous show: under-the-tongue Zofran.

Some of the medicines that you would otherwise take would be ending up in the stomach. And then the stomach has to break it down, and then it has to get into the bloodstream.

And that takes a long time. And most of the time you're throwing those up because you can't keep anything down.

And so the under-the-tongue variety is something you might want to ask your doctor about. On a boat, there are motion sickness medicines. Scopolamine, these are these little patches.

Peter: [00:03:18] Do they work pretty well, David, for almost everybody?

Dr. Kipper: [00:03:20] They do work. They make you incredibly tired. Dry mouth. Sometimes, it's a toss-up between what is worse: medicine or the throwing up. But there are home remedies. There are things that you can get and just have in your home. Ginger is one of those. There's something called gingerol, which is a component of ginger, and that helps you digest things in your stomach. So, if that's the problem, that can help move that down.

Peppermint has a calming and numbing effect in the gut. Cinnamon, similarly, has an anti-nausea benefit and a calmativ for the stomach. Sports drinks are good if you're throwing up because they have electrolytes in them. You don't want the drinks that have sugar, because the sugar in those drinks can also aggravate the vomiting. You should avoid carbonated beverages because of the bubbles.

Anna: [00:04:15] I remember my mom always gave us flat coke. You pour it out and she would stir it up.

Peter: [00:04:20] I thought they give you carbonated stuff. Ginger ale was the no-vomit drink of choice.

Dr. Kipper: [00:04:24] Alka-Seltzer, by the way, is carbonated, but Alka-Seltzer has several things in it. There are physical things that you can do when you're throwing up. You don't want to bend forward because bending forward, crunching the abdomen is pushing your abdomen into the chest. And the acid that's in your stomach is now moving into the esophagus. So you're actually making it worse. So be upright if you're nauseous.

You want to slow down your eating. You want to slow down your breathing. Slowing your breathing actually reduces nausea. So if you're nauseous and you can slow your breathing. For hangovers, if you can induce vomiting, that might actually help.

And there's an acupressure site. So open your palm and look and see where the base of the thumb meets the fleshy part under the little finger. And you see that little groove in there. That's the acupressure site. And you just take a couple of fingers and you rub and push in there. And that is where we use acupressure for vomiting and nausea. And sometimes just stepping outside helps a little bit. Getting in cold air, changing your environment a little bit. Nothing worse than looking at a toilet when you're nauseous.

Anna: [00:05:42] The toilet makes you like, "Forget it. I'm just gonna let her rip."

Dr. Kipper: [00:05:46] So, stock up on these very simple things just to have in the house. Don't forget to call your doctor in the process if you're continuing to throw up and you can't identify where it's coming from. Again, that can be a sign of an appendicitis. You can't get appendicitis without being nauseous. So even though you might have belly pain, if you're not nauseous, you're not likely to have appendicitis.

Anna: [00:06:12] I didn't know that.

Dr. Kipper: [00:06:13] These are things that, you know, when you're speaking to the doctor, they're going to ask you these questions. It's not always easy to get a doctor after hours, so it's nice to have...

Peter: [00:06:25] ...Something ready to go.

Anna: [00:06:26] Well, moving on. Are older brains better? Is this a trick question?

Dr. Kipper: [00:06:32] No, it's not a trick question. But I think older brains, they're not all problematic. You know, we're seeing a lot of this now in the politics. We're hearing a lot about somebody that has an 80-year-old brain. But these aren't necessarily bad brains.

There's some advantages to having an older brain. If you were to take a room full of 80 year olds, you would find that 15% of those brains were frail, 60% of those people had other health problems that created other issues around their brain. And 25% of those people are going to be very active. They're performing fine. We know that the brains shrink once we get over 40, about 3% a decade until we hit our 80s, and then it's about 5% a decade. And aligning the shrunken brain with aging problems is something that we do routinely, but we're really not too sure what that means.

We measure the amount of volume in the hippocampus and the frontal lobes. This is one way of knowing if someone's memory is in fact coming from organic reasons. This is a very common thing now. People come in, they're in their 70s, it's the issues we've spoken about on this show where they forgot where their keys are. They forgot why they were in that room. They forgot where they live. I mean, there are a lot of things that happen. Recalling names is very difficult.

So, I'll get into this in a second about what kinds of technology we have to measure this. But the most common thing we do to address that issue is to do an MRI. And we look at these volumes of these different brain structures.

There are advantages to an older brain. I mean, there's more crystallized intelligence. And what that means is that there's a lot of stored intelligence based on knowledge, experiences. You have better emotional regulation because you know you've experienced some of these issues. So, if it comes up and, you know you had this before, you know how to handle it.

Our negatives include some information processing, that slows down. And, as we mentioned, recall is not so great. We also have vascular changes as we age, just like we do in the heart and everywhere else in the system. The most common cause of dementia is vascular dementia, where it's hardening of the arteries in the brain. But you can still, and I think this is really interesting, the brain still has plasticity even in your 80s.

And you have to nurture that. You have to create new experiences. You have to be curious. You have to be social and you have to be engaged. These are all things that help keep your brain younger and keep you active. And I'm sure we all know people in their 80s that are extremely bright, active, functioning.

Peter: [00:09:37] Look at how many bands are touring where the lead is in the 80s, and look how many people are still involved in science and teaching, whatever. Growing up, that was unheard of.

Anna: [00:09:47] I have two words for you, Martha Stewart. She looks amazing and she's killing it right now.

Peter: [00:09:55] There you go. So, in every in every area, you're seeing people and, by the way, and it's changing on television and movies, they're still working actors, the Anthony Hopkins of the world, who are in their 80s and still running around and acting and learning lines, etc., so it's pretty stunning.

Dr. Kipper: [00:10:09] And we're seeing more and more older people, I mean, that are of high functions. I have a colleague that's 90 years old, and this guy is as sharp as anybody I know, not just medically but in life. Again, to all those points, he's a very curious guy. He's socially connected. He loves his work, and you would never know it when you're talking to him and in his presence that he's 90 years old.

Anna: Amazing.

Dr. Kipper: Yale did a really interesting study and this was a long time ago. This was over 20 years ago. And they looked at people that had a positive attitude about their aging. And they found that these people lived, on average, seven years longer than people that have a negative attitude. So having a positive attitude goes along with being curious and being active.

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Peter: [00:12:17] In This Just Happened, there's a new treatment for severe asthma, correct, David?

Dr. Kipper: [00:12:22] Yes. The Australians did this. This is really fascinating. We talked a lot about autoimmune diseases and these cytokines, these inflammatory proteins that muck up the works and get us all sick. So, we've noted that there's much more asthma than we've ever seen. It's actually been an 88% rise in the last decade in asthma deaths.

And some of that had to do with Covid. But a lot of this has to do with climate change, because we're seeing a lot more rain. The rain comes down. The spores develop and they get into the air, and there's other toxins that get in the air and they're inhaled. And so there's a lot more lung disease and a lot more asthma. And what they found was that they found this family of pro-inflammatory molecules, cytokines.

And there was a group of these, and they were found most often in severely inflamed and scarred airways of these people that had chronic asthma. And this family were called the beta common cytokines. An interesting name, but that's how they labeled them. And they then created a therapeutic antibody. Remember we talked about creating monoclonal antibodies against these things. And they created these monoclonal antibodies. And that antibody went ahead and blocked all these cytokines in that family.

And so people that had this chronic asthma that was unresponsive to the steroids and these people just got worse and worse. And, God forbid, they caught a flu or Covid or some other infection. Their airways were not equipped to deal with this. And this

monoclonal antibody made a huge difference with these people. It also eliminated their need to have steroids.

Steroids were the common treatment for asthmatics. And there's a point where the steroids are ineffective. You can deliver steroids orally. You can deliver them through inhalers, but at a certain point... And they all have side effects. Steroids over time have side effects.

So, this is an incredible breakthrough for a lot of people that are suffering with asthma. And so if you're out there and you're listening and you're an asthmatic and you're struggling, there's help on the way and you might want to look up on the internet, these Australian studies. And I'm going to spell the name of this monoclonal. If you want to write this one down it's t-r-a-e-i-k-i-h-a-r-t. That's the name of the monoclonal. If you look that up in your computer, you'll reference the studies and you'll just see how fantastic this is.

Anna: [00:15:17] Very cool.

Peter: [00:15:18] So, Leonard wants to know, Amy Schumer is all over the media that Amy Schumer has an illness.

Anna: [00:15:24] So, Leonard writes, "I read that Amy Schumer has a disease called Cushing's Disease. Can you please explain in English what that is and what I need to watch out for?"

Dr. Kipper: [00:15:35] Well, Leonard, here goes. It's not very common, first of all. And it's a disease of the pituitary gland. And I won't get into the weeds on this, but there's Cushing's Disease and there's Cushing's Syndrome. And they all relate to how much cortisol is put out in the system and where the cortisol comes from.

But Amy Schumer's situation was she had the disease, which is about 70% of the people with the syndrome. I'm going to leave it at that. So there are other causes of this. And what happens is that there is a tumor in the pituitary gland, and the tumor produces a hormone called ACTH. And that ACTH goes to the adrenal gland directly and it stimulates the production of cortisol. And this tumor in the pituitary is overactive, too much ACTH stimulating another gland, which is the adrenal gland.

The pituitary gland is in the middle of the skull and the adrenal gland is right over the kidney. And so it travels a little bit. And the adrenal gland is responsible for producing cortisol. Cortisol is a stress hormone. And cortisol also helps regulate blood sugar, does a lot of different things. But it's there to sort of keep us alert and ready in case there's trouble. And the symptoms are pretty reproducible.

And if you think of Amy Schumer and as how she looks, it produces a round red face. It can give you a hump on the back of your neck. These are common. Stretch marks that tend to be purplish and, especially on the chest, the armpits and the belly. You can get acne with this. Facial hair, bruising, and a rapid weight gain. And especially around the belly.

So these are the things that we see with Cushing's, and these happen pretty quickly. And, as that cortisol continues to rise in your system, all of these symptoms come to the front. And people at that point are going to the doctor because they're not themselves and there

are warning signs if you have too much cortisol and you haven't seen these physical changes.

One is what we call polyuria, polydipsia. What that means is you're urinating a lot and you're drinking a lot. We also see that with diabetes. Diabetics are often first diagnosed because their sugar levels go way up. Remember, cortisol raises sugar. The sugar goes up in the system. Your body wants to get rid of this extra sugar. And when the sugar gets into the kidneys, it drags water with it. So you're urinating a lot. And by urinating a lot, you're triggering other hormones in the brain that make you want to compensate and start drinking water to compensate for that loss. So people that all of a sudden are starting to urinate a lot and therefore drinking a lot, you need to go to the doctor.

Anna: [00:18:42] It's interesting you say that because like my friend was diagnosed with type 1 diabetes at 29 and a half, like older on the older scale of things, but she lost a bunch of weight but had the water thing. But you're saying with Cushing's you'll have that, but you'll gain weight.

Dr. Kipper: [00:19:00] Yes. And, again, there are behavioral changes that happen with this: depression. Your appearance changes. You grow hair where you don't want it. You've gained weight. So you can recognize somebody with Cushing's. But these people know themselves that they have changed, or their family knows, or there's a big change.

Anna: [00:19:21] How do you treat it?

Dr. Kipper: [00:19:23] Well, you treat it by taking out the tumor in the pituitary gland. And that surgery is usually successful, not always successful. It's a delicate area to get to. If you drew a line that was at the top of your nose between your eyeballs and drew that line straight back, and then went to the front of your skull, on top of your skull in the middle and drew a line down there. That's where your pituitary gland is.

And the pituitary gland creates and actually manipulates other organs. It manipulates your thyroid. It manipulates the adrenal glands, your ovaries. It's the master regulator of all of our hormones, women that lactate when they're breastfeeding. There's a part of the anterior, the front part of the pituitary that provides a chemical called prolactin.

It's a hormone. And with prolactin, some people get a tumor in the front of their pituitary that only produces prolactin. So women that are not breastfeeding can secrete breast milk. Because they have a benign tumor in the front part of their pituitary gland.

Peter: [00:20:35] Does that mean that, it's not successful because they can't get to the tumor or they took out the tumor, but that doesn't yield the result necessarily.

Dr. Kipper: [00:20:43] A little bit of both. And, again, the reason I brought up these other hormones that are generated from the pituitary gland, it's a very delicate organ because you've got different parts that do different things. So usually these tumors can be plucked out like a grape, but sometimes they can't. Sometimes they have foot processes that grow into the other areas of the pituitary.

Peter: [00:21:07] And then you're into management for the rest of your life?

Dr. Kipper: [00:21:09] Well, again, it depends. You can successfully remove the tumor and then you're home free. But, if you can't, you sometimes have to do radiation. And if

these tumors have gotten out of the barn and they end up in other parts of the body, then you have to go to chemo. But, Anna, the most common answer to your question is that we operate on these.

Anna: [00:21:33] Leonard, thank you so much for your question. If you guys want your question answered by Dr. Kipper, head on over to [BedsideMatters.org](https://www.BedsideMatters.org). Follow us on the socials. All that good stuff.

Let's have a recap, shall we? Home treatments for nausea. And it doesn't even matter whether you brought the nausea upon yourself or if it was from something like a migraine.

Dr. Kipper: [00:21:53] So, this is sort of a Cub Scout/Boy Scout issue: Be prepared. Have stuff at home that can help you mitigate the nausea, things that are over-the-counter and you can find anywhere. Peppermint. Cinnamon. Ginger. These are all things that can help reduce that. Have some sports drinks that have electrolytes in them. Ask your doctor about having a small supply of a medication that can bring down the nausea.

The most common one is Zofran and that goes under the tongue. Things to avoid are carbonated beverages. They can bloat you and make this much worse. But I think the real take-home here is have enough help in the house ready. But if the nausea persists and none of these over-the-counter and home remedies are working, you might have a much bigger problem. And that's the time to call the doctor.

Anna: [00:22:50] And then older brains. Sounds like they are better brains for the most part.

Dr. Kipper: [00:22:55] They're not necessarily bad brains. And, again, 25% of the older population have very high functioning brains and systems. And there's that crystallized memory and crystallized information that we have from aging that's from our experience and our knowledge. And that comes in very handy. It helps us regulate emotionally.

In order to keep yourself fit in the brain area, you want to be curious, you want to look for new adventures and new challenges, new hobbies, stay social. So socialization is very important.

Peter: [00:23:38] This Just Happened: severe asthma. There's hope now because...

Dr. Kipper: [00:23:41] The Australians have given us a monoclonal antibody that attacks these inflammatory proteins that have been responsible for these severe cases of asthma and scarring. And this is going to go a long way to eliminate the need for chronic steroids. And they're successful. And this is around the corner. This is something to be excited about if you're an asthmatic.

Peter: [00:24:06] And in this week's Hey, What About Me? Leonard wanted to know about the Cushing's Disease that Amy Schumer came out and said she is suffering from.

Dr. Kipper: [00:24:15] So, it's not all that common. And it's a tumor of the pituitary gland that stimulates through its hormones cortisol production in the adrenal gland. And the extra cortisol creates physical and emotional changes, and you're sick, and you are going to ultimately seek medical care, and it's treatable. Surgery is the first line and followed by radiation and chemo if it becomes too difficult.

Anna: [00:24:45] Again, if you guys have a question for Dr. Kipper, head on over to [BedsideMatters.org](https://www.BedsideMatters.org). Put your question in there. We might just answer it on the air. Please follow us on socials: [@BedsideMattersPodcast](https://www.instagram.com/BedsideMattersPodcast) on Instagram, [@BedsideMattersPod](https://www.twitter.com/BedsideMattersPod) on Twitter.

Peter: [00:25:00] And, by the way, you're biologically and psychologically predisposed to perform a certain way. If you want to find out why you're performing a certain way, there's a great book called *Override* that Dr. Kipper just happened to write. So you should get that book.

And also, if you're hungry, Anna's website offers recipes and it offers sauces and spices. Her cookbooks all about gluten-free, grain-free and low-carb eating. Go to [AnnaVocino.com](https://www.AnnaVocino.com).

And, thank you, by the way, for listening to Bedside Matters. If you're sick and tired of being sick and tired, you came to the right place. We're here to help. We offer new episodes every Monday, so follow us, like us. Have a great weekend.

Announcer: [00:25:36] 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.