

Colon Cancer, The Link Between Depression and Heart Disease and Anti-Aging News

Peter: [00:00:00] Hey, everybody, welcome to Bedside Matters, the podcast that addresses the medical issues that impact every single one of us, every single day. I'm Peter Tilden. I'm joined by Anna Vocino and Dr. David Kipper. And on today's show, we've got a lot of interesting medical issues to deal with. So, let's kick this thing off.

Anna: [00:00:17] Yeah. This week we're going to be discussing the top-five warning signs of colon cancer, which I think is going to be very informative. And then women with depression being a risk factor for heart disease.

Peter: [00:00:29] And in This Just Happened, a living drug that slows aging and may even reverse it. That's pretty heady, right? And a caller, Mary Kate, who wants to know about her liver and we'll let her explain.

Anna: [00:00:42] Absolutely. So let's get started. Colon cancer. Are there warning signs besides having a colonoscopy, Doc?

Dr. Kipper: [00:00:48] Yes. And this story is particularly relevant now because we're getting calls about Kate Middleton this week. And what is her cancer? They know that she's had abdominal surgery. No one really knows what the cancer is. But I'm going to move into the most likely cause being colon. And again, I don't want to speculate because there's also a pancreas in there. There are other organs in there, but those are the two more likely.

But let's start with colon cancers. During the last couple of years, we've had a lot of information on colon cancer and how people should be screened earlier for colon cancer. Not 50, but age 45. So I just thought this would be an interesting topic to talk about. And we see a lot of it. We see 150,000 people a year diagnosed with colon cancer. So catching this stuff early would be the right answer.

What we do know about colon cancer is that if you have no history and no predisposition, you may have a 5% chance annually of catching, of getting colon cancer. But if you have one family member, you've got about a 10%. If you have two members in your family, that goes up even higher. So family history becomes a really important part of this.

One of the issues for doctors when we're getting family history is that you really have to dig deep, because most of us don't know what went on with our grandparents and certainly our great grandparents. So, when we get a family history, we're getting a snapshot of something that's a much deeper issue. So family history is important, and that's something you should always bring up to your doctor.

And if you're not sure, ask your family, see what they know. Most of these cancers come from polyps, and polyps are little mushroom growths that happen in the internal part of the lining of the colon, and these are easily removed and easily removed with a colonoscopy, which is your best screening test.

Anna, you've mentioned in past episodes that you've had colonoscopies, so I was wondering if you'd like to share that experience because people, when you mention colonoscopies, it's a four-letter word.

Anna: [00:03:05] People recoil.

Dr. Kipper: [00:03:06] Why don't you give us your experience with that.

Anna: [00:03:10] Well, I think people are afraid of the prep and they're worried about that drink that you have to drink. And I know there's variations. Some people take a pill followed by a drink, some people drink. For me, they gave me the two jugs of the drink. You're supposed to fast or just eat, you know, clear liquids and, you know, no red Jell-O. Like, the diet is very specific, but I have practiced fasting, so that wasn't so hard for me.

I was a little panicked about, I live 45 minutes over a mountain pass from the doctor. So I packed a roll of toilet paper in the car, when we drove to the get the colonoscopy at 5:00 a.m., but it was fine. Like you get up early enough to deal with it. And then, for me, I chose to stay awake for it. But they put you in a twilight, right? And then it actually, then you just wake up and you go have a cheeseburger. It didn't seem that bad.

And, like, I really was, I was like, why? Why are we all so afraid of this? And then I thought, maybe it's the prep and the not eating the day before and the drink and the uncomfortability of being like, okay, we're going to go have a lot of bathroom time the day before, you know, settle down and be at home.

Dr. Kipper: [00:04:19] So, yes, part of it is the cleanup. But I think a bigger part of this is the idea that someone's going to be, you know, putting a tube down a one-way street the wrong way. And I think people are not very comfortable with that image. And you were very unusual. I don't know anyone that's done this without anesthesia. So, I don't know whether you had bad health insurance or you were just curious.

Anna: [00:04:44] Blame the Screen Actors Guild.

Dr. Kipper: [00:04:47] But I think people should understand that you are offered anesthesia.

Anna: Yes, for sure.

Dr. Kipper: I wouldn't follow Anna's direction. I would say yes to that.

Anna: [00:04:58] We had a chat during it. I told her to turn the TV. I wanted to see, like, what are we doing?

Dr. Kipper: [00:05:03] So, you're awake for this? This is a question I have for you. There's one turn that they make on the right side of the colon when they're inserting this tube.

Anna: [00:05:12] That makes sense.

Dr. Kipper: [00:05:13] It's painful. And people jump even under anesthesia. Did you notice that?

Anna: [00:05:18] Not that I recall. What does that say about my colon?

Peter: [00:05:21] No. It shows that people have different pain thresholds and a lot of it's mental.

Dr. Kipper: [00:05:25] The conversation was so interesting that you...

[laughter]

Anna: [00:05:28] It was scintillating.

Dr. Kipper: [00:05:29] But, understand that the colonoscopy is your best diagnostic. And the reason for that is that if we find these polyps, you can remove the polyps and there's no pain receptors at the base of these polyps, so you don't feel any of that, plus hopefully you're asleep. And these polyps will be sort of the harboring site of these cancer cells.

The recommendation for how often you need is depends on how many polyps you have, or if you have no polyps, you may get a ten-year reprise. If you have a lot of polyps, they may want to see you in a few years. So there's also something called a virtual colonoscopy and this is an X-ray. And a lot of people choose this option because it's noninvasive. You don't need sedation.

Anna: [00:06:17] Why don't they do that first?

Dr. Kipper: [00:06:20] One of the reasons they don't do this is that it's not as sensitive. It's not as productive. So, let's say they see a polyp on your virtual colonoscopy. You then have to have a colonoscopy to remove the polyp. And it's not 100% sensitive. So there are times when you're really short-circuiting yourself. So certainly if you have a family history, you have other illnesses, like inflammatory bowel disease, Crohn's disease, ulcerative colitis, or other issues, you may want to just go right to the colonoscopy.

So, the question then becomes, you know, how do we, as doctors, other than the colonoscopy, what do we look for? What are your preventative things? Here's two things. There's blood and poop that we look at. So in the in the poop you look for blood. And these are tests that you do in a doctor's office. You could actually do it at home. You take a little specimen of poop, you put it on a little card, you put a liquid over it that will turn the paper blue if there's blood in there. There are DNA tests now for the stool. Cologuard is one of those. It's not a bad experience. You call the UPS driver, they deliver you this.

Peter: To him, it's a bad experience.

Dr. Kipper: And in the box there is a toilet liner. There's a cup, and then there's a jar of diluent. You poop in the cup. You pour the diluent in there. And you seal up the cup. So then you call your UPS driver. He takes it back to the lab.

Anna: And it's his problem now.

Peter: [00:07:55] If they know it's coming, he gets "Hal" to do it.

Dr. Kipper: [00:07:59] We talked about this, I think, a few episodes ago about the Shield test, which is a blood test now that just came out this year that picks up DNA, cancer DNA in the blood. So you have a lot of different screening tests that we can do.

But here are the things that you want to look out for. You want to look out for bleeding as the most common thing we see. So either rectal bleeding or the stool being bloodied. And you want to see if there are changes in your stool. So, if you're stool now becomes very narrowed or the shape becomes different. If you become constipated, that's another

warning sign. People can get abdominal pain, with colon cancer. So that comes out of nowhere.

Peter: [00:08:42] Where does the abdominal pain present, David? Because people always wonder about that.

Dr. Kipper: [00:08:46] Usually, below the belly button. And these are not necessarily associated with food. By the time settings get down to the colon, it's been a couple hours since you had your meal, and your colon is mostly wrapped up south of the belly button.

Peter: [00:09:02] So, that's a particular side, right or left?

Dr. Kipper: [00:09:04] No. Remember the colon is like this big snake. It's all over the place. Or weight loss. People get weight loss. People get anemic. They get anemic because they're losing blood from the tumor. And so their blood count goes down.

So these are all the warning signs that you should think about. And, in summary, know your family history. Starting at age 45, if you have no preexisting other conditions, sooner if you do. And the options you have are really pretty good now to picking this stuff up. No one should die of colon cancer at this point.

Anna: [00:09:40] Yeah, I mean I got to say, if anyone's listening out there and is on the fence or afraid of this, don't be afraid. It's really, they have it streamlined. You lose a few pounds because you fast for a little while and then you're out of it, you don't even know. It's fine. Go do it.

Here's the thing, too. I always think to myself, you know, if you have something going on, you're going to have that going on whether you find it or not. So why don't you find it so that you can then fix it or cure it or whatever? Deal with it. I'm saying like just because you don't look doesn't mean you don't have it. So don't be in denial. Go get your colonoscopy. That's my PSA for the day. Are we ready to move on?

Dr. Kipper: [00:10:18] I think we've exhausted the colon at this point.

Anna: [00:10:21] Women who are depressed may have a higher chance of heart disease. Please talk to us about that.

Dr. Kipper: [00:10:27] People with depression have a higher likelihood of associated cardiovascular disease. We've known this for a long time. What we have learned recently is that women have a higher likelihood. And there are a lot of reasons for this.

Women generally are more predisposed to depression than men. And women go through depression at different times when their hormones change. So starting in your adolescence, you're having these monthly changes. You go through menopause. You go through pregnancy and all these changes in estrogen and progesterone shift and have an impact on your emotional state.

There are cardiovascular risks with women that have depression. So risk factors go up in women that are depressed. So there's more obesity. There's more diabetes. There's more high blood pressure with women that are depressed. So these are all precursors to developing heart disease.

Peter: [00:11:30] David, does depression affect diabetes?

Dr. Kipper: [00:11:32] It can, yes. Because depression again you have to have some genetic usually predisposition to diabetes. But if you're depressed and you treat your depression by eating. You're eating the wrong things.

Also, if you're depressed and you're not sleeping well, remember, if you're not sleeping well, you're producing more cortisol, the stress hormone, which makes you eat differently. So yes, indirectly there is a relationship, Peter.

Also, statistically, women have less access to healthcare. So it may be that a lot of this heart disease that's silent goes unnoticed until it's, you know, a little late.

Anna: [00:12:16] I got to say, I got to chime in here too, because, unfortunately, a lot of women's concerns, not a lot, but I'm saying some women's concerns when they're at their doctor are not heeded. And I say this because I'm in the boards for the perimenopausal/ menopausal women online.

And a lot of people go to their doctor and they're just summarily discounted like, "You're crazy. You're making this up." Even today. "You're crazy. You're hysterical. You're making this up." And when that kind of thing is ignored, people can't get the help that they need.

Dr. Kipper: [00:12:51] So, to that point, I would say that when, as doctors, we're hearing different complaints, if someone comes in and they have abdominal pain, that's an easy thing to respond to. You ask specific questions. You examine someone. Someone that has an emotional issue, they're anxious or depressed, it's a much harder issue for doctors to deal with.

As a general practitioner, as an internist, I pay attention to this just because of my interest in the brain and how the brain, effects not only our behavior, but how it translates into physical issues.

But you're right, Anna. I mean, I think doctors in general are less comfortable in dealing with these emotional issues because they don't really, they don't have a diagnostic tool. There's not a blood test for that. And they don't have a lot of experience with what to do about it.

Peter: [00:13:41] David, they don't have time either. Visits, you know what, that's like...

Anna: [00:13:44] Like ten minutes.

Peter: [00:13:45] How do you get into somebody's head and ask the right series of questions and get them to feel open enough and reflective enough that they can get to the right place? That's time and the clock's ticking. Most people don't even have that time with their doctor.

Dr. Kipper: [00:13:57] No, you're absolutely right, Peter. And I think if you look at this from the other perspective, somebody that comes in with a physical complaint can very likely have an emotional basis for that.

So it's complicated. But I think, as doctors, we have a responsibility to look for depression. That becomes a very important thing because if someone is depressed and if they're

women, they're more likely to have cardiovascular issues associated with that. These are both genetic issues – heart disease, depression. These are genetically regulated. And we need to know if there is depression in someone, look for heart disease. If there's heart disease in someone, look for depression.

Anna: [00:14:41] Well, I'm having an ah-ha moment personally, because my mother and my grandmother both passed away from heart disease complications and were diagnosed with depression. So, there we go. So that's a big, you know, check up on things, folks. This is the checkup episode. Get your colonoscopy. Get your mental health checked. Get your heart checked. Get it all checked.

[music]

Peter: [00:15:10] I don't even know what this means, David, but in This Just Happened, a new living drug slows aging and even reverses it with cellular spring cleaning.

Dr. Kipper: [00:15:20] I think this is a fascinating story, and we've had clues to this story for a long time. But what we found was that there are, what we call senescent T cells. Senescent cells die. They're the cells that die. They no longer reproduce. They accumulate as we age into the tissues. And they're very inflammatory. And the body has natural systems to eliminate these. We have other ways to eliminate our dying cells. And we've talked about lifestyle issues.

So exercise, good diet, good sleep also helps to clear these dead cells. There are a thousand different supplements. There are foods, all different things that can actually help clear these dead cells.

But these researchers in New York identified these senescent T cells that are responsible for, not only killing these cells, but leaving these cells intact and letting them accumulate. So these researchers in New York created our T cells. We've talked about CAR T cells. These are manufactured in a laboratory. They're what we call monoclonal antibodies. So, remember, an antibody is something that attacks something that shouldn't be there.

So these monoclonal antibodies that are created now can start hunting down these senescent T cells. And that's what they're doing. So they're giving an infusion of these CAR T cells. And they're going after these senescent cells that are landing in the tissues. And once these senescent cells are in the tissues they create this inflammatory response.

What does inflammation do? Inflammation creates aging, creates chronic diseases. So by eliminating these cells we're going to push the aging process in our favor. And we're also going to start eliminating, or not necessarily eliminating, but we're going to start putting these chronic illnesses on the back burner because they're not as likely to develop.

They took mice. This is I think, really interesting. They took a bunch of old mice and they gave them these CAR T cells. And these mice rejuvenated. They took young mice and they gave them these CAR T cells and they age slower. So we know that this actually works.

So now what we're doing is we're harnessing the immune system that we have figured out how to go after certain things. Remember that we talked about CAR T cells going after cancer cells. We talked about CAR T cells going after inflammatory cells in asthma. So

now we're using these to go after these aging cells, which is, I think, you know, pretty amazing technology now.

Peter: [00:18:21] My question is going to be is this going to be an ethical issue? Because if aging is a natural progression for people, is this going to be people with money can reverse the aging?

Anna: [00:18:31] Right.

Peter: [00:18:32] Or put off aging before somebody else can, because this is not a preventative thing. It almost seems like an elective thing. If you have it, you can slow down your aging. How do you determine who gets this or what is the diagnosis that would cause you to give this to somebody?

Dr. Kipper: [00:18:51] I think the answer to your question, Peter, is if we look at this from a different perspective, which is how these senescent cells create chronic illness: diabetes, heart disease, obesity, these chronic illnesses are also going to be mitigated by these CAR T cells.

Peter: [00:19:12] Yeah. But you know, now in the medical world, they don't give you – how many treatments do you recommend to patients that are not covered by insurance? And a preventative that we know could eliminate certain diseases, but they refuse to put them on a list of stuff.

So, I'm hearing this and I get it. But I'm just wondering when they, when these are tested to the point where, hey, we're going to start doing this regularly, how it's going to be covered.

Dr. Kipper: [00:19:37] The better example of what you're saying, which is absolutely true, are the semaglutides, these medicines that we use for weight reduction? And these do the same thing. They mitigate chronic illnesses. If you mitigate chronic illnesses you're going to increase longevity statistics. So, to your point, Peter, you're 100% spot-on. And to that point, I can't really answer that in a way that's kind. But, yes, this will be a matter of the, initially at least, the haves and the have-nots.

Peter: [00:20:11] Yeah, we got a caller this week who has a question about her liver. Mary Kate in our Hey, What About Me segment.

Caller: [00:20:19] Hi, Dr. Kipper. My name is Mary Kate, and I'm a 57-year-old female that lives in Crystal River, Florida. I enjoy having my wine cocktails at night, but I'm wondering if there are any specific things to do to help my liver remain healthy, or do I need to cleanse it with some of the medications or pills I see advertised on the internet? Thank you.

Dr. Kipper: [00:20:49] Mary Kate, this is a great question, and I'm really glad you raised this question because it's a common issue. You're not alone in enjoying a couple glasses of wine a day before you go to bed or when you get back from a hard day. And, so this is not something that is foreign to us as doctors, as a conversation.

I think the first thing you might consider doing, Mary Kate, is to see if you're in trouble you may be able to tolerate this. So your doctor can look at you and do some blood tests and

do some imaging studies, like CTs and ultrasounds. And if things are bad enough, there are biopsies to see how far your trouble is.

But the thing that happens with chronic alcohol – and remember two glasses of wine a day, or four pints of beer a day can give you about a 90% chance of having what we call fatty liver. Fatty liver is where fat accumulates in the liver cells. And when that happens, you are predisposed to cirrhosis. You also get hepatitis if you're drinking for a long period of time. This is an alcoholic hepatitis, not an infectious hepatitis.

So the idea of how do you prevent getting cirrhosis or fatty liver, and at what point do you need to stop drinking, start out by getting your doctor to evaluate what your liver looks like at this point. People that have high alcohol intake are predisposed to certain cancers. Look how common breast cancer is. Breast cancer is aggravated by alcohol.

And there are other issues that happen. People get heart disease when they're drinking too much. They get neuropathies, those nerve pains that you get in the feet. You get pancreatitis, you get other things, not just liver disease. So again, Mary Kate, getting back to your question. Ask your doctor to do a good evaluation to see, not just how your liver is doing, but how you're doing in general.

Anna: [00:22:52] For then the part of her question about like, do you detox the liver? I mean, the liver is one of our methods of detoxification in the body. Can you detox the liver or is it a self-cleaning mechanism? Can it regenerate? Can you heal yourself if you quit drinking? What about all that stuff? Because we do see a lot, I like that part of her question because you see a lot of like liver detox or drink this cleanse, or whatever. And is it B.S. or is it helpful?

Dr. Kipper: [00:23:19] No. The good news in your question, Anna, is that the liver can regenerate. If you stop drinking, you can grow back your liver cells and they can function better. So by stopping, you actually can heal the liver. It depends how far down you are in this problem.

But most people will regenerate their liver. And there are things you can do. There are foods. Here come the leafy green vegetables again. So those will help. There are supplements. Turmeric is one of them. There are drinks that will help. Coffee and tea are detoxifying. Ginger, citrus can be detoxifying. So there's a whole list of foods and beverages that will help detoxify.

And as I mentioned earlier, there are supplements that will do everything and anything for your body. But there are some that actually really do work to detoxify the liver. But I think, Anna, going back to your point, and for Mary Kate, Mary Kate, if you were to stop drinking, let the doctor do some testing right now to see where your liver is, stop drinking for a few months and then retest. And I will promise you that you'll see an improvement in these liver enzymes.

Peter: [00:24:40] And that's not just for Mary Kate. That's for anybody who's concerned about their liver.

Dr. Kipper: [00:24:44] The semaglutides. A lot of people have fatty liver. So a lot of people accumulate fat in the liver cells. And what we found with...

Anna: [00:24:51] Now, that's not alcoholic fatty liver disease, right?

Dr. Kipper: [00:24:55] No, that's nonalcoholic fatty liver disease. So you can get fatty liver disease independent of your alcohol intake. And when you lose weight, you see a big change in the accumulation of fat in these cells.

Peter: [00:25:10] So, David, if you have fatty liver, you're diagnosed with fatty liver, should you not be drinking? Is it more is it more dangerous to be drinking potentially?

Dr. Kipper: [00:25:19] Absolutely. Because you're on the road to cirrhosis. So you don't want to pave that road and make it even easier. You need to stop drinking at that point.

Anna: [00:25:29] Thank you, Mary Kate, for your call. And, by the way, if you guys have a question or Dr. Kipper, give us a call or leave a message at [BedsideMatters.org](https://www.BedsideMatters.org), send us a note, send us a card, send us a letter and your question might just get answered on the air.

So to recap, today we talked about colonoscopies and the warning signs of colon cancer.

Dr. Kipper: [00:25:48] If you're bleeding, if you have pain, if you have a change in your stool or you're anemic, you want to talk to your doctor about being tested and the best possible test under anesthesia is a colonoscopy.

Anna: [00:26:02] And then we discussed the risks of depressed females for heart disease.

Dr. Kipper: [00:26:08] Depression, and cardiovascular disease right along together. But if you're a female, you have a higher risk if you're depressed for getting cardiovascular disease. So talk to your doctor, look through your family history, and make sure any kind of depressive symptoms that you have, male or female, that you bring this up to your doctor.

Peter: [00:26:29] And in our This Just Happened segment, we talked about the living drug that can slow aging and even potentially reverse it, which is mind-blowing.

Dr. Kipper: [00:26:37] So, we have discovered these cells, these CAR T cells. These monoclonal antibodies that we created in a laboratory that can go after the aging cells that deposit in our tissues, that create inflammation, that incite aging and chronic diseases. So this is really wonderful information.

Peter: [00:26:59] And in our Hey, What About Me? segment, Mary Kate was concerned about having some wine and liver disease and how she would know to check.

Dr. Kipper: [00:27:07] Go to your doctor, you can have a blood test. You can have imaging studies. If you think you're drinking too much, you probably are. You might want to get a baseline with your doctor. Stop drinking for a few months and recheck that. Remember this, alcoholism can affect not just your liver, but other parts of your body, including some cancers. And for women with breast cancer, I think there are so many out there with breast cancer. Be very careful with your alcohol intake.

Anna: [00:27:36] And, by the way, we have socials. Did you guys know this? We have social media accounts. So follow us: [@BedsideMattersPodcast](https://www.instagram.com/BedsideMattersPodcast) at Instagram; [@BedsideMattersPod](https://www.twitter.com/BedsideMattersPod) on Twitter. Ask your questions. Head to the website. We want to make this content tailored to you. We are answering your questions here at Bedside Matters Podcast. So hit us up.

Peter: [00:27:57] And if you want to be more knowledgeable about who you are and why you are who you are, Dr. Kipper has a book called Override, which talks all about brain chemistry and your behavior, why you're procrastinating, why you put things off, why you act the way you do. He has a quiz in there and a profile that shows you the type of personality you are, and you will be better informed as far as that's concerned.

Anna Vocino has a website that offers recipes, sauces, spices and her cookbooks. It's all about gluten-free, grain-free, low-carb eating. Go to AnnaVocino.com.

And Lorre Crimi also has a website, but you don't want to go there because she doesn't sell anything or give you any information. It's just her site. But thank you for producing.

Anna: [00:28:36] Isn't Lorre looking cute?

Peter: [00:28:38] Yeah, there you go. Thank you for producing the show. And thanks to you, of course, for listening to Bedside Matters. If you're sick and tired of being sick and tired, we're here to help you. Go for new episodes every Monday. So follow us, like us, and have a great healthy week.

Announcer: [00:28:52] 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.