

Episode 40

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The Vagus Nerve, Coffee Warning + Mitch McConnell's Health Scare

Peter: [00:00:03] Hey, welcome to Bedside Matters, the podcast that addresses the medical issues that impact all of us every single day. We'll hopefully give you the answers you're looking for so you can be more informed and healthier. My name is Peter Tilden, one of your hosts. I'm joined by, of course, Dr. David Kipper. Hi, David.

Dr. Kipper: [00:00:19] Hi, Peter. Good to see you.

Peter: [00:00:20] How are you? Curiously, do you wash your hands before this like you do before a medical procedure?

Dr. Kipper: [00:00:25] I wash my hands every Monday.

Peter: [00:00:28] Okay, good. Anna Vocino, your reaction to what David said, please?

Anna: [00:00:35] Listen. My hot take is he can wash his hands whenever he damn well pleases.

Peter: [00:00:40] Okay, there you go.

Anna: [00:00:41] He's out here saving lives. Not like you and me, Peter.

Peter: [00:00:44] That's okay. Exactly. We save lives, of course, we do.

Anna: Sure.

Peter: So, on today's show, of course, we got the issues that are always breaking in the news this week, and some of them are.

Anna: [00:00:56] Correct. We are talking about the vagus nerve, not, you know, when you're in Las Vegas and you shut down from having overwhelmed. It's an actual nerve in your body. We'll be talking about that. And then why you should never drink your coffee right when you wake up. And I don't like hearing that. And I feel like, I'm going to be, this is the piece of news this week that's going to upset me.

Peter: [00:01:18] Yeah. Because I don't know about you. I drink coffee before I wake up. It's unbelievable.

Anna: [00:01:21] Take it intravenously a half hour before rising.

Peter: [00:01:26] While I'm brushing teeth, I'm drinking. In This Just Happened: A brand-new reason that we can be concerned about high blood pressure, a new thing that looks like it caused high pressure. And then we've got a caller who wants to know about an event that happened in the news this week that I think we're all familiar with. You'll hear about it when we put the caller on. But let's start with vagus, baby.

Anna: [00:01:48] Let's start with the vagus nerve. Okay. I've only heard about the vagus nerve because I had a doctor mention it a few times. And now apparently it's the thing that's going to help us. What is the vagus nerve? Why do we need to stimulate it?

Dr. Kipper: [00:02:04] It's actually a pair of nerves. It's on either side of the neck. It travels along with the carotid artery and it communicates with the brain. And down south to other organs, to the stomach, to the immune system, the spleen, to the heart, the intestinal tract.

So it's a very complicated, but important, nerve. It's the backbone of the parasympathetic nervous system. So remember, two sides to the nervous system. There is the stimulating side, which is the sympathetic nervous system, and there's the calming side, which is the parasympathetic nervous system. And both are necessary for equilibrium so that if one of them gets out of control, the other side can bring it back to some equilibrium. So the vagus nerve, when you think of vagus, think of the parasympathetic and actually think of calming down, which doesn't make sense when you think of Vegas.

Peter: [00:02:57] What made me laugh, David, doing a bit of research for this is how many vagus nerve products there are. I found vagus nerve stimulator, but a pillow mister for the vagus nerve. There's a massage, vagus nerve massage oil, a digestive vagus support, and also the Vagus Nerve Diet, of course. And this goes on and on.

Anna: [00:03:21] The Vagus Nerve Diet?

Peter: [00:03:22] The Vagus Nerve Diet. How about that?

Anna: [00:03:24] I have to Google this now.

Peter: [00:03:26] Does any of that resonate? Do any of those do anything good or is it all just people trying to make money on the vagus nerve?

Dr. Kipper: [00:03:32] I think it's a little of both. It's more of the latter, but I think it's a little bit of both. Amazon has over 100 products about the vagus nerve actually, and, Anna, to your point, it's all over the internet and all over social media now. I don't pay attention to social media, so I didn't know that part, but I do pay attention to the internet. And it is, it's sort of incredible how much is out there.

Anna: [00:03:58] I've heard it is a thing like you have to wake it up. Is it asleep?

Dr. Kipper: [00:04:01] Well, the vagus nerve, because it's part of the autonomic nervous system, the automatic part of the nervous system, when it sees too much stimulation, the vagus nerve comes in the action. But these products that we're talking about are all designed to do what the vagus nerve does, which is to calm the system. It slows the heart rate, lowers the blood pressure, helps with digestion, also helps with the immune system to mute inflammation. So these techniques that are being discussed on the internet are all designed to do these things. There are surgical vagus nerve stimulators that actually do a pretty good job.

But in sticking with the nonsurgical techniques, there was an interesting guy in Poland. He was a motivational speaker, his name was Hof, and he wanted to show that you could control inflammation without drugs because the anti-inflammatory drugs that we use for things like autoimmune disorders and certain infections, Covid being one of them, we use these drugs, and these drugs all have some significant side effects. So what this guy did

was that he wanted to show that by doing behavioral techniques – and this sort of fits in to what all these products are doing – and that meant meditation, breathing exercises, immersing yourself in cold water, that you could actually do as much good as you could by stimulating these things electronically. And he ran a couple of experiments. The first one he did was on himself. He had people draw his blood to measure the biomarkers for inflammation before and after he did his meditation techniques. And what he found was that these biomarkers went down after he did his meditation and all these other behavioral techniques.

Then he found 12 people and he put them through his training to see if he could then repeat this experiment. And, lo and behold, he injected these ten people. He taught these people his techniques, and he injected them with the bacteria which created flu-like symptoms. Then he tested them. He tested them to see subjectively what their symptoms were and also what happened to these biomarkers for inflammation. We know, for instance, we have biomarkers that are called the sedimentation rate, the C-reactive protein homocysteine, and then there are a bunch of new ones that have been identified since Covid that all have their own initials. These are the IL inflammatories. And he found that people that did his technique, their biomarkers went down and subjectively their symptoms went down. That was his experiment.

Before we get to the other experiments, they then started looking at these implantable stimulators to the vagus nerve. And these were, there were several of these that were used. And what they did was they can implant these stimulators into specific fibers of the vagus nerve. These fibers might control your respiratory drive. These fibers might control your appetite. These might control your immune system. And what they would do is give these bursts of electrical energy into these specific fibers, and you could really control these different systems. What's interesting about that is that we're currently looking at this for weight reduction.

So we've talked about leptin and the incretins before. So there are two hormones, hunger hormones. There's leptin, which is in the brain that tells us we've had enough to eat. And then there are hormones in the stomach, that come from the stomach, that are called the incretins. And what they can do is they can manipulate these fibers that stimulate the stomach to produce or suppress the incretins. And they can also increase the production of the leptin in the brain. So by manipulating these two hunger hormones, they can get you to stop eating. They can get you to be hungry. So this is now currently under investigation, which is pretty interesting, actually.

Peter: [00:08:30] How do you know how much to stimulate the vagus nerve? You know, it's like, uh-oh, overstimulated Peter's vagus nerve. He's now too this, or he's never coming back. We sent him into Vegasland. He sent him into Vegas.

Anna: [00:08:41] Yeah.

Peter: [00:08:42] How do you measure what the stimulation is and at what point it will be a negative or do good or irreparable harm, etc.?

Dr. Kipper: [00:08:49] A good question. That's what they're studying. I mean, I don't know the answer to that question.

Peter: [00:08:52] Because they are studying how much...

Anna: [00:08:53] I want to do all of this. I want a better immune system. I want to lose weight. I want to do all of this.

Dr. Kipper: [00:08:59] But they've done some really interesting studies on the immune response and how manipulating the vagus nerve can create or suppress the inflammatory response. And there are several. They've done this with rheumatoid arthritis, and these studies are quite promising to eliminate the need for some of these drugs.

Anna: Wow.

Dr. Kipper: Yeah, it's pretty incredible.

Anna: [00:09:22] Especially with rheumatoid arthritis, because people really suffer with that.

Peter: [00:09:26] Yeah.

Dr. Kipper: [00:09:26] They came into this, by the way, in the late 1800s. In the late 1800s, they were using vagus nerve stimulation. They didn't know what it was. They were having people rub the side of their neck and they were able to control some seizure activity.

Anna: [00:09:42] I'm doing it right now.

Dr. Kipper: [00:09:42] And then they did this in in the 1990s in a little more scientific experiment. And they found that was true, that by stimulating the vagus nerve, if you're having a panic attack...

Anna: Where is it?

Dr. Kipper: It's right below your jawline. Just go down into your neck and when you feel your pulse, that's your carotid artery and traveling along with the carotid artery is your vagus nerve. Don't feel both pulses at the same time or you're going to hit the deck because then your blood supply to the brain is going to stop.

Peter: [00:10:13] You're cutting off... Anna just passed out. Anna just passed out now.

Dr. Kipper: [00:10:16] The brain needs the carotid arteries. It can do okay with one, but without two, it's not doing so well.

Peter: [00:10:25] So, David, massage? When you get a massage, do masseuses know to do that that area and hit the vagus nerve so that you get some benefit or not?

Dr. Kipper: [00:10:32] I've never had that personal experience, nor have I seen that. I think that would be a little dicey because there is some probable liability issues making sure they're doing one at a time.

Peter: Okay.

Dr. Kipper: Think about a panic attack. What's a panic attack? It's when all this sympathetic nervous discharge comes out and your body is just so hyper and so agitated. So to calm that down would be to stimulate the vagus nerve. So, if you're having a panic

attack, you can lower your head. Find the carotid artery, gently rub in that area in a circular motion, and pretty soon you're going to calm down. And it's a pretty simple, easy technique. Remember, just one at a time.

Peter: [00:11:16] We're all doing it.

Anna: [00:11:17] We're all doing it. And I'm like, oh, is this like, I didn't have to give up carbs. I could just, like, do this? Is that what you're telling me?

Dr. Kipper: No.

Anna: Eleven years of teaching people how to cook without processed grains, I could just do this?

Dr. Kipper: [00:11:30] But, Anna, to your point, that's a really smart question, because if you're eating, because you're anxious and you want to allay your anxiety, yes. That will make you less anxious. I don't know if it'll keep you out of the refrigerator, but that reflex that people get to eat to soothe might be different.

Peter: [00:11:49] I would actually like to do an experiment in Vegas on the vagus nerve. We could go to the all-you-can-eat buffet, get up on the microphone and say, "Everybody, before you take your 42 plates of food, I'd like you to do a ten-minute rub on your vagus nerve and see how much food you're going to take after you manipulate your vagus nerve."

Anna: [00:12:07] I like that science.

Peter: [00:12:08] That's science.

Anna: [00:12:09] How many crab legs do you take from the buffet after the vagus nerve?

Peter: [00:12:13] The science experiment brought to you by the Rio Hotel or whatever, the MGM Grand.

Dr. Kipper: [00:12:18] All you can eat until you hit your vagus nerve.

Peter: [00:12:21] Wow.

Anna: [00:12:22] I love it. Well, moving right along. Coffee? You're hitting me on all my spots today. Coffee? What is this that you shouldn't have coffee upon immediately rising? Something to do with our, probably our adrenals and cortisol and whatnot? I don't even know. I'm just bracing myself for the worst news. Yeah, Lorre just gave two thumbs down.

Peter: [00:12:44] Two thumbs down. And I'm just thinking, no matter what you tell me, I'm not listening.

Anna: [00:12:47] No, don't kill the messenger. But we're going to kill the messenger right now.

Peter: [00:12:52] Unless it's immediate death, I'm still drinking my coffee. I'm brushing my teeth with coffee. Go ahead.

Anna: [00:12:57] This is how strong our addictions are.

Dr. Kipper: [00:12:58] And this is why I'm afraid to tell people I don't drink coffee because that's exactly what I get.

Peter: [00:13:03] Is that true?

Dr. Kipper: [00:13:04] Yeah, that is true.

Peter: [00:13:05] Yeah, that's right, we had breakfast. I've never seen you drink coffee.

Dr. Kipper: [00:13:07] Yeah, I wish I did. But it's counterintuitive for our natural biorhythm. And here's why. You drink coffee the minute you get up. Well, the minute you get up, your cortisol levels are at their highest in the day. They're also, they also rise again at 4 p.m., but they start out at 7 a.m.-ish and they last for an hour and they stay high for about an hour. Now you're drinking coffee, which is going to stimulate you, right?

And you don't really need the coffee, you've got the cortisol, so you're sort of wasting some of the coffee. And what happens is people end up drinking a lot of coffee or strong coffee, and they're not getting the same bang for their buck, but they can develop a tolerance to the caffeine. The other thing is, is that when you wake up, most of us have been asleep for 6 to 8 hours and we're not accessing fluids. So you're dry when you wake up and relatively dehydrated. And when you drink coffee, it's dehydrating. And so it, coffee, acts as a diuretic. So now you have two reasons to become dehydrated in that first hour. There's another thing that coffee does, which is interesting, and this gets into later in the day, but I hope I'm not going to get any arrows for talking about the afternoon.

Anna: [00:14:28] You're going to get, you're going to get a heap.

Dr. Kipper: [00:14:30] Okay, well, I'm ready for it.

Anna: Okay.

Dr. Kipper: After about an hour, the body now makes a neurotransmitter called adenosine. And what does adenosine do? It's a calming neurotransmitter. And that neurotransmitter, adenosine, starts to rise during the day and makes you a little more tired and a little more tired. And pretty soon, by the nighttime, you're sort of, in a perfect world, you're more relaxed because of the adenosine. Caffeine blocks the adenosine receptors in the brain. So caffeine keeps you from getting that natural rhythm of being made more calm.

We talked about cortisol comes out again at 4:00 in the afternoon, just at a time when this adenosine calming neurotransmitter is really starting to kick in. And now you drink coffee. So now you're going to suppress that. If you got a good night's sleep, and the adenosine, by the way, once you're asleep, the adenosine shuts off. It doesn't have to do any more work. But if you're not sleeping very well and you're up, you're going to have problems as the caffeine is starting to come out of your system and the adenosine wants to come out of your system. So the biorhythms are all, may I say, screwed up because of the caffeine.

Anna: [00:15:48] I will say totally, anecdotally speaking, all of my friends and acquaintances who have said they got off of coffee or tea, they're like, "Yeah, you don't really need it." And the rest of us who are on coffee and tea are like, as evidenced from

our earlier discussion, verbally violent when people suggest that it gets taken away. So, I know you're right in my logical brain, but then my addiction brain is like, "Well?..."

Dr. Kipper: [00:16:19] I have a question for all of you. Cup of coffee, cup of tea. Which has more caffeine?

Anna: Tea.

Dr. Kipper: Right.

Peter: [00:16:29] Well, doesn't it depend on the tea?

Dr. Kipper: [00:16:31] Well, in herbal tea, as in decaffeinated coffee, yes, those are lower. And, by the way, you can't decaffeinate coffee to no caffeine. And you can't herbalize tea to no caffeine, but, cup-for-cup, tea is a little stronger.

Peter: [00:16:47] I would love to switch, but you know what is it called – adenosine? What was it called?

Dr. Kipper: [00:16:52] Adenosine?

Peter: [00:16:53] Adenosine can kiss my cocoa beans because I'm, there's no way I can give this up. Like Anna said, there's a whole ceremony around it. I bow down to the Keurig. I have a little, it's in a place that looks like a shrine. And the Keurig, it doesn't go fast enough for me. It's like, "All right, let's make that first cup of coffee!" And it's as good as it gets, man. Don't take that away from me, David, or I have nothing.

Anna: [00:17:17] That's the best I'll be in a 24-hour span.

Peter: [00:17:21] It's all downhill from that moment.

Dr. Kipper: [00:17:23] So, you know, this proves that you don't have to listen to science.

Peter: [00:17:29] And we're out. Goodnight, everybody. Drive safely. There we go.

Anna: [00:17:33] No, you're right, Doc. We know. We know. We know we're just little addicts crawling out of bed in the morning. I even had a good night's sleep this morning. But then I was like, you know what's going to make it better? Coffee.

Peter: [00:17:43] I think the only way to do this is go to a halfway house or something.

Anna: [00:17:48] I've taken myself off coffee a couple of times, and those are the times I've gotten migraines. So I know if you do it, you have to wean yourself slowly.

Peter: [00:17:55] But let me ask you, Anna, this to your jokey point again before, when you go off it, because I've tried it, too, because we have friends who go, "I don't think you should get off it. You shouldn't do it."

Anna: [00:18:03] Of course.

Peter: [00:18:04] You get off it, it's not just the coffee that you miss, it's the whole thing. It's the whole deal of carrying that thing around. And, you know.

Anna: [00:18:12] Yeah, the ritual.

Dr. Kipper: [00:18:13] This is the same problem with nicotine. You can get someone to stop smoking, but you can't get them behaviorally to change that relationship that they have to that. You know why you get your migraines when you're off your coffee, Anna?

Anna: Why?

Dr. Kipper: [00:18:37] Because caffeine is a vasoconstrictor. It constricts the blood vessels. And then, after a while, now you've gone a day or two off of caffeine and the blood vessels are spasming and they're dilating and there's your migraine.

Peter: [00:18:50] Thank you, David.

Dr. Kipper: [00:18:52] Or, no thank you, David.

[music]

Peter: [00:19:02] In this week's This Just Happened, there's something out now that's causing our high blood pressure to go up even higher or to cause normal blood pressure to become high blood pressure. What would that be, David?

Dr. Kipper: [00:19:12] This is something that I can't really avoid it anymore, it's Covid. People that get the Covid infection have a higher likelihood of developing, not high blood pressure, but persistent high blood pressure. So people that have never had high blood pressure before and get a significant Covid infection have a higher likelihood of having high blood pressure.

So these researchers at Montefiore in New York took a ton of people. They took like 45,000 people that had Covid and they compared this, by the way, to influenza just to make sure that it wasn't just a one-off. So one virus versus the other, this was the flu versus Covid. And so they had 45,000 people that had Covid and they had about 14,000 people that had influenza. And they measured to see how much high blood pressure happened after these two viral infections. And what they found was that those that had Covid had a significantly higher likelihood of persistent hypertension, 21%, by the way, a pretty big number. And those people that had flu, slightly less, about 16%. But it does say on some level that maybe viral illnesses themselves can be problematic and but much higher in the Covid group.

Peter: [00:20:39] Great.

Dr. Kipper: [00:20:39] The highest risk group were African-Americans over the age of 40. And this is also aggravated by any preexisting conditions. So if you went into Covid without hypertension, but you had kidney disease, you had other heart disease, you had lung disease, these people were at a higher risk. And even people that were treated during Covid for high blood pressure, a lot of people, blood pressures went up during Covid and people that were treated for their high blood pressure, that didn't have high blood pressure going in, ended up holding on to their high blood pressure, a lot of them.

So the bottom line here is that you should get your blood pressure checked if you had a Covid infection and even remember, high blood pressure is silent, you don't really know

you have it unless it's reached a stroke level. But it's an important thing to treat. And we know that Covid causes what we call endothelial damage. So the interior lining of a blood vessel gets inflamed and aggravated. It's probably how this happens. And that leads to things like blood clots. Remember, we were hearing all these stories in the beginning about blood clots. Well, that's where that was from.

Anna: [00:21:54] About the thicker blood.

Dr. Kipper: [00:21:55] Well, that's where that's coming from, because the endothelium is now inflamed beyond what it's used to. So it's just one more thing to be aware of as a consequence to having had a serious Covid infection.

Anna: [00:22:10] I feel like you're just confirming what I was afraid happened to me is that after I had Omicron, I never ever had even close to high blood pressure, but my blood pressure has been higher for me since having Omicron. So, cool.

Dr. Kipper: [00:22:24] Well, and you should treat it, or you should speak to your doctor about treating it, and you should stay off of coffee because that'll help keep your blood pressure down.

Anna: [00:22:34] Okay. Way to ruin the weekend.

Dr. Kipper: [00:22:35] Yeah. Well, then go to your vagus nerve for some relief.

Anna: [00:22:39] Oh, okay. Oh, yes, that's right.

Dr. Kipper: [00:22:40] By the way, these studies, which...

Anna: [00:22:42] I'm going to listen to Kipper's relaxing voice talk about horrible things while I'm doing this podcast.

Peter: [00:22:47] You know what this has done for me? Even though we're doing this later in the day, I want coffee.

Anna: [00:22:51] I just had a coffee. I just had an espresso.

Peter: [00:22:55] I am so suggestable, I want coffee. That's how bad this is. So you know what they're going to find out, like the Woody Allen movie *Sleeper*, where you found out everything that we thought was good for us is bad for us. And they're going to find out later on cigarettes and coffee, that's the way you beat all this crap. It kills Covid, you know, they'll find out everything that's horrible are the things you should be doing. Some study in some town in Latvia where everyone smoked cigarettes and nobody got coughs, nobody got Covid.

Dr. Kipper: [00:23:16] Can you think of something in medicine, very common thing, that we always thought was good for us when we were kids, we now know is bad for us?

Peter: [00:23:29] We now know is bad for us?

Dr. Kipper: [00:23:32] We all got this when we had a stomachache as kids. Any kind of stomach issue our parents gave us...

Anna: [00:23:39] Oh, ginger ale.

Dr. Kipper: Milk.

Peter: [00:23:41] [Laughing] Ginger ale is a killer! That's what we found out this time!

Anna: [00:23:46] Well, because of sugar. It's a soda.

Peter: [00:23:48] [Joking] If you're drinking ginger ale, stop it...

Anna: [00:23:50] My mom gave me ginger ale and saltines, both of which, honestly, if I had right now, would send my blood sugar through the roof.

Peter: [00:23:56] I always thought, you know, Jason Alexander, you know, Jason he's a friend. Jason is the only adult I know who drinks ginger ale as a beverage. And I go, that's a throw-up drink. No one buys ginger ale. If I see ginger ale, it takes me back to my childhood of somebody's throwing up. David, what was it? Milk?

Dr. Kipper: [00:24:12] Yeah, dairy. Milk. We got milk that would coat our stomachs. We'd feel a little better. I mean, I hated milk, so just like coffee, I hated milk. And coffee wasn't an option back then. Or I probably would have taken it over the milk. And then what we found out, I'm ten years into my practice and prescribing dairy when people are having ulcer disease. The calcium in the dairy creates stomach acid. And, that was a big, oh, my God, when we realized that. So, yes, there are things that turn around on us.

[music]

Peter: [00:24:48] In this week's Hey, What About Me? we've got a caller who wants to address something that I think we all are aware about that happened in the news, but we don't know what it can be attributed to. And without, I won't delay, let's just get to the caller.

Caller: [00:25:00] Dr. Kipper, I'm hearing a lot about what might have happened to Senator McConnell with his freezing up at a news conference. And I'm concerned because my dad is around his age and has had a history of strokes. Is this something that might be related and is there anything I can do for my dad to prevent these episodes?

Dr. Kipper: [00:25:20] It's a great question that everybody that watches the news is asking: What happened to him? And it's a very good question. I don't think most of us are going to know the answer to that question. But we do know that he had a couple of serious falls in March and he had a concussion. It was let out that one of those led to a concussion.

So what is a concussion and what does that do? The concussion, you fall down, you hit your head and your head is encased. The brain is encased in a skull like a walnut. There's something inside and a shell on the outside. When you fall and hit your head, the brain is on a stalk. So the brain moves forward in the direction of the fall, hits the inside of the skull, and then it moves backwards. It flips backwards. It's a coup-contrecoup injury. So you have a bruise now on the front part of the brain. And the front part of the brain is where your executive functioning is. And the back part of the brain, which is your cerebellum, that's where your ability to walk and move is. But the bigger injury is obviously where the force of impact is.

So having said that, those can also create – those injuries – can also create bleeding. There are blood vessels that surround the outer layer of the brain. And, if you hit hard enough, you can have a bleed around the outside that's called an epidural, epi on top, epidural hematoma. And if the bleeding is inside the dura, the lining, it's a subdural hematoma. So you can have blood that's between the lining and the skull or between the lining and the brain. And that blood creates a mass-like effect, which mutes the brain tissue underneath. And since we're talking about the frontal lobe, you're looking at some kind of subduing process to where our thought processes are being generated.

So that's one explanation, is that this is coming from what he had as a concussion in the spring. You know, why would it come later? What would that reason be? You know, you have to, you have to figure that if it was a bad enough fall, then he could have consistent bruising in those areas. He's also 81. He could have had a lot of other underlying issues. I mean, he could have had an underlying what we call vascular dementia. I don't think he would have had Alzheimer's. And, again, I'm speculating, so I've never treated him or know him, but a vascular dementia, which is one of the two types of dementia, is a blood vessel dementia.

So as we age, our blood vessels narrow, just like they do in the heart, they do that in the brain. And so that's why we're forgetting things. Medications can do this, but I've never seen a medicine do this for that long of a time and a seizure can do this. And it's conceivable, going back to the concussion, people that get concussions can develop seizures in those areas of the injury. We could have been looking at what was called, what's called a petit mal seizure, which are not seizures that we think of, that people bite their tongue and thrash around. They just sort of lose consciousness temporarily. So it could have been – and very likely could have been – a petit mal seizure that developed after a concussion. That would be my guess.

Peter: [00:28:51] I also saw somebody and, again, it's hard to do and you're not supposed to guess what somebody has unless you see them, so we're just talking it out. But I also saw somebody said it could be a symptom of Parkinson's.

Dr. Kipper: [00:29:02] Yes. Yes, it's certainly possible. But Parkinsonian distractions like this don't really last for that long. He was not compos mentis for several seconds and with Parkinson's I've never seen one last that long, Peter, but it's certainly possible.

Peter: [00:29:24] Possible. The other thing that's weird was that his staff did not seem upset. They didn't seem surprised on how to deal with him. You know, they were very gentle and just kind of stood around and talked to him gently. And then he came kind of back and then they walked him off. He didn't look like anybody was panicking or freaked, you know?

Anna: [00:29:41] I thought that, too. I was like, oh, they handled that really elegantly like it, because that's, you know, nobody panicked. Everyone was, like, okay, we're calm.

Dr. Kipper: [00:29:48] And it was the second time, remember, that this has happened. So the first time, I think if you look back at that tape, because I went and looked back at the other one, there was a little more agitation around that event.

Anna: [00:30:00] Okay, the first time.

Dr. Kipper: [00:30:00] And so they were probably told by his doctors, my guess, is that this could happen again. And if it does, just make sure he's safe. That's why I think this might have been a petit mal seizure from some brain injury.

Peter: [00:30:14] Wow, and if it was, David, so what do you treat a petit again? Again, you don't know underlying. But if I had a petit mal seizure, what's the first thing you look to correct or to do?

Dr. Kipper: [00:30:22] There are medications that you can give people that have petit mal seizures. Again, not knowing anything about this case, but now it's happened twice. And both times, unfortunately for him in his position, and I sure hope he's okay, I mean, this is something his doctors are going to have to grapple with.

Peter: [00:30:43] The other weird thing is when a patient has that happen, like if I had it happen to me, or if you had it happen to you, Lorre, you don't usually have a visual where you can look back because everybody was filming it. And you can see. I wonder his reaction to seeing himself go through that. Is that helpful, David, I would guess?

Dr. Kipper: [00:30:59] Yes. Here's where it will be helpful. He'll see the second one and remember that he had one before and now he can have this again. He's more likely to listen to his doctors going forward.

Peter: [00:31:10] Got it.

Dr. Kipper: [00:31:10] And he'll put himself in a position, like I think he did this time, where he has a staff member right there and he's protected. And he may not give as many public speeches that he had in the past for fear of that.

Peter: [00:31:25] It's interesting for me to, going to a serious place because I have a family member who has seizures, and the weird part of that is the other aspect of living with that. It's everybody around you being nervous about when you're going to have a seizure, losing friendships because it's a dramatic thing, the fear and being scared around it. So the avoidance, it also isolates. We talked about hearing issues isolate people. But I've seen it where it's a big responsibility to be around somebody who's having issues. So that's another added thing that somebody who has issues has to worry about, which is sad.

Dr. Kipper: [00:32:03] And it impacts your life. You can't drive a car if you have seizures. You can't have a glass of wine if you have seizures. There's things that you no longer feel as competent as you did. And, you know, it's tough.

Peter: [00:32:20] And having gone through that, I know that there's a process of elimination of trying to find the right meds to avoid it. They're strong meds. And then in not every case – and we know quite a few people who have family members who they haven't been able to find the right med – and they continue to have seizures and have had surgeries and brain surgery and it still continues, which alters your entire life, everything around your life. Is that, because you worry not only about the seizure but about a fall during a seizure, you hit your head and something horrible happens.

Dr. Kipper: [00:32:48] And, if you're a parent with a child, Peter, to reference parents out there that have this experience, it's one more thing that they are going to have to live with, that their child is going to be vulnerable going forward.

Peter: [00:33:03] It's a tough thing. Let's do a recap.

Anna: [00:33:06] Today, we discussed the almighty vagus nerve.

Dr. Kipper: [00:33:10] We're going to be using vagus stimulation for a number of things that affect our immune system, that affect our relaxation and how our cardiovascular system reacts, panic attacks. And what's interesting now is how they're going to extrapolate this technology to managing weight.

Anna: [00:33:31] And then we talked about our beloved coffee. You'll pry it from our cold, dead hands, Doc.

Dr. Kipper: [00:33:36] Wait one hour. Okay?

Anna: [00:33:39] One hour. Sure.

Peter: [00:33:40] Okay. All right.

Dr. Kipper: [00:33:41] Make the prep last a little bit longer.

Peter: [00:33:46] Yeah. Okay. We'll see. Next week, we'll see who of us did it.

Anna: [00:33:50] We'll check back in.

Peter: [00:33:51] A surprising new reason for high blood pressure.

Dr. Kipper: [00:33:55] Very simple. If you've had Covid, please see your doctor and make sure your blood pressure is normal. One in six people that have had Covid are going to end up with persistent hypertension. So, get it checked.

Peter: [00:34:08] And Mitch McConnell – trying to discern what exactly happened to him.

Dr. Kipper: [00:34:13] And I think this is the last time we're going to see him on television. But, for his sake, I hope that they figure this out and I hope it's nothing serious.

Anna: [00:34:21] If you would like your question answered by Dr. Kipper, head on over to [BedsideMatters.org](https://www.BedsideMatters.org). Fill out the form. Send us a card or letter, and your question just might get answered on the air.

Peter: [00:34:30] And I'd like to thank, of course, Dr. Kipper. Make sure to check out his book *Override*, which talks about why you are predisposed to acting a certain way and how just knowing about that can help you change your behaviors. Anna Vocino, go to her website. She's got recipes and sauces and spices and rubs and her cookbooks are amazing. Gluten-free, grain-free, low-carb. Go to [AnnaVocino.com](https://www.AnnaVocino.com). And thank you for listening to Bedside Matters. If you're sick and tired of being sick and tired, we're here to help. We offer new episodes every Monday. So, follow us. Like us. Have a great week and try not to do your coffee for an hour. Let's see how we do. We'll compare notes next week at Bedside Matters.

Anna: [00:35:08] Well, out of the three of us, this is going to be a disaster.

Peter: [00:35:09] Not even going to happen.

Announcer: [00:35:12] 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.