

## Episode 41 September 10, 2023

### Insulin Resistance, Heartburn Relief + Leg Cramps.mp3

**Peter** [00:00:03] Welcome to Bedside Manners, the podcast that addresses the medical issues that impact all of us, every single one of us every single day. We will hopefully give you the answers you're looking for so you can be more informed and healthier. I'm joined by Dr. Kipper. David, you good?

**Dr. Kipper** [00:00:19] I'm great. Peter and yourself?

**Peter** [00:00:21] I'm doing very well. I'm Peter Coughlan, one of the hosts, and in a keynote is the author, Diana.

**Anna** [00:00:26] Hi. Hi. Glad to be here. Thanks for having.

**Peter** [00:00:28] Me. Thanks to be hard. It's a wonderful it's a wonderful day.

**Anna** [00:00:30] The wonderful.

**Peter** [00:00:31] Medical.

**Anna** [00:00:31] Neighborhoods, things. All medical things. Today, we're going to be talking about insulin resistance. Popular term. We're going to figure out what that is and also how it applies to now, I guess, type one diabetics also have to deal with insulin resistance. Aren't they just insulin lacking? I don't know. We'll find out. We're also going to be discussing Alka-Seltzer. We're going to do a little One-On-One, Kipper told me off the air. Can you confirm or deny Dr. Kipper? Alka-Seltzer is frequently used for heartburn. I didn't know that. I thought it was just hangovers. We're going to talk about that today.

**Peter** [00:01:02] By the way. And it's one of those campaigns if you're of a certain age, and I don't mind saying I guess I'm of that age.

**Anna** [00:01:08] Plop, plop.

**Peter** [00:01:08] Plop, plop, fizz, fizz over relief. It is it's embedded in my memory forever. And a serious hey, this just happened because anti-anxiety drugs or anxiety drugs are in high demand and short supply. Some people are cutting back. Some people are stopping what you should know about getting off of anxiety drugs because it can be very, very dangerous. And this is a very, very important, I think, an important topic. No. Plus, this is one of my favorite calls ever. If you get leg cramps at night, you're making deals with God, because over a certain age, man, it's not just a leg cramp. It's debilitating. Well, there may be some real relief at hand and it's something you can buy over-the-counter and in some places you can get to for a buck 50. What is it? We'll discuss that with our caller when we do our Hey What about Me segment? But let's kick this off, David, with our first topic.

**Anna** [00:02:02] Okay. Insulin resistance. First of all, can we just define what insulin resistance means and then how could it affect people? I know it's a type two diabetes thing, but how can it affect type one diabetic?

**Dr. Kipper** [00:02:13] The reason that I thought this would be an interesting topic, we've been speaking a lot about these weight loss drugs and they are all based on the problem that people have with insulin resistance. So we use the words insulin resistance a lot, but a lot of people don't know what that is. So I think it would be good to define that. And then we can go into what we do about it and how it affects our general health. So to answer your question, and it insulin resistance is a situation where the body itself becomes sensitized to the insulin that your pancreas produces. Here's how this system works. We have a meal, sugar is produced, insulin comes from the beta cells in the pancreas to take that insulin and to put it into the fat and muscle cells to create energy and also to store it into the liver. So the insulin's job is to move the sugar around at a certain point and in certain conditions, the body doesn't do such a good job of this and the body is sort of desensitized to the action of the insulin and it doesn't work as well. And this is called insulin resistance. And insulin resistance is at the core of these weight loss drugs and obesity and neurodegenerative diseases and polycystic ovary syndrome, metabolic syndrome. So there are a lot of things that insulin resistance has in relationship to our general health, not just diabetes. It is pretty common. It's not easy to diagnose as a physician. You don't look at someone and say, Oh, you must have insulin resistance. If someone is grossly overweight, that's a clue. If somebody has these skin conditions that are called acanthosis nigricans, which is not that common, but these are sort of brownish macular lesions that you see on the face, the neck. You can see them in the armpits. They're also associated with skin tags. So this is a clue that someone might have insulin resistance. But in general, we diagnose insulin resistance based on our fasting blood sugars and hemoglobin A1 C numbers. Remember we talked about hemoglobin A1 C. Just to refresh that conversation, measuring blood sugar has taken a huge turn in the last 1015 years. We used to do just random blood sugars and we did glucose tolerance tests where people got stuck every hour for 6 hours to see how they did after they had a meal. And now what we're doing is we're averaging a three month amount of blood sugar in your system. And we do this by looking at a red blood cell. The red blood cells have a life span of 90 days, three months. And so we take a lot of red blood cells and we measure all the sugar content and we average that out. And that gives us an average of what your blood sugar is. It's a much more sensitive way to understand where our sugars are. And again, these are ways to diagnosis. It's not that simple and not an overt list of signs that we see, but it's such a big problem with insulin resistance. I mean, we we know, for instance, just pre-diabetes. If you're pre-diabetic, you have a 50% chance of developing diabetes over the next 5 to 10 years. So it's an important thing to understand. And insulin resistance is also implicated in type one diabetes. As you mentioned, it doesn't cause type one diabetes. The cause of type one diabetes is running out of insulin. Your pancreas just can't produce it anymore. So it's not like there's insulin there to be resisted. It's just not there. But if you're a type one diabetic and you're on insulin and you have insulin resistance, you're going to need much more insulin to control your sugar.

**Anna** [00:06:14] So if you're a Type one diabetic and your insulin, does that just mean like your body just doesn't know what to do with the it's like your your yes. Receptors aren't working or what does that mean for a type one.

**Dr. Kipper** [00:06:25] Exactly. Right. So you're a type one diabetic. We have to take insulin right. In the form of shots and how we deliver it. And if we have insulin resistance, we are not taking that insulin that we're giving ourselves and it's not being used appropriately. We need more and higher doses of the insulin. And again, those people that are prone to insulin resistance before they're type one diabetic are people that are obese. I mean, that's probably the biggest. Risk factor. Older people over 60 are more prone to

this. If you have a family history of diabetes, you therefore have a family history of insulin resistance.

**Peter** [00:07:05] Favored by older people. The pancreas has given up.

**Anna** [00:07:08] Yeah, it's tired. We've done enough.

**Dr. Kipper** [00:07:11] Yes. It's sort of running out of gas as well. What's happening?

**Peter** [00:07:15] So does everybody who lives to be 100 have some kind of insulin issue just because it's impossible to avoid? Or do some people's percentage of the population. Pancreas? Yes.

**Dr. Kipper** [00:07:25] Yes. As we get older, also with all other functions in the in the body, they start to wear down a little bit. But this is a very common one. Also, if you're older and you go through a serious illness, you are more likely to develop diabetes from any other illness for that. For that reason, because type two or type one, what one? And the reason for that is that the general inflammatory changes that happen with these serious illnesses affect the pancreas and affect that that functioning. The risk group is sort of interesting when we talk about people that are obese. We talked about genetics. If you have a brother or sister or a parent, you know, watch out, get tested. African-Americans, Asians, native Hawaiians are at a much higher risk for getting this. The lifestyle issues are things that we can guess. Let's guess what. What lifestyle issues do you think would predispose to getting insulin resistance? Carbs, Yes.

**Anna** [00:08:28] The meat is processed using a lot of processed foods.

**Peter** [00:08:32] Alcohol, drugs. Mm hmm. I can go for the cheap. Is a lack of sleep.

**Dr. Kipper** [00:08:36] You got it.

**Anna** [00:08:37] Lack of in your body? Yeah.

**Dr. Kipper** [00:08:39] And being sedentary. Absolutely. All of these things. And the obesity issue is interesting because what we don't know exactly how this translates, but we think that if you're carrying a lot of extra fat, that fat creates inflammation all through the body and that inflammation affects the ability of the insulin to do its best work. So having answered that question, what can we do to prevent insulin resistance?

**Anna** [00:09:07] Yeah, for real.

**Dr. Kipper** [00:09:08] So take every one of those things that you mentioned. So exercise one. One thing that's interesting about exercise, can you guess how exercise might help combat insulin resistance? It's interesting.

**Peter** [00:09:20] Help inflammation.

**Anna** [00:09:21] It releases glycogen stores. You can burn them. I don't know. I'm making.

**Dr. Kipper** [00:09:27] Well, I mean, you're you're both hinting at an answer, that is. But when you're exercising your muscles, your muscle cells need energy. Right? So they take up glucose. If they're taking up glucose because you're physically active, you don't need

the insulin that's in your system to help transport it. It's happening all by itself. So you minimize the need for the insulin.

**Peter** [00:09:50] What you're saying is exercise is good for you.

**Dr. Kipper** [00:09:56] Don't quote me on that.

**Peter** [00:09:57] My God, this may have actually.

**Anna** [00:09:58] He doesn't mean it.

**Peter** [00:10:00] This may is actually, for the first time motivate that.

**Anna** [00:10:03] Wow, that's good to.

**Peter** [00:10:04] Get off my butt because I'm going, wait a minute.

**Anna** [00:10:07] But I also think it's not like some of us are not able to eat. I don't know, let's say a bucket of Kentucky Fried Chicken and the biscuits and the things and then run it off. You mean some people can do that? I'm not can't.

**Peter** [00:10:20] Run off the kernel.

**Anna** [00:10:21] You can't. I can't run out. I can't outrun the colonel. It's good that way.

**Dr. Kipper** [00:10:25] But that's that's a really interesting point. And you don't have to run off the colonel. You can you can take a walk. And just by taking a walk, you're increasing the demands of your muscles in order to keep you moving. That's good.

**Anna** [00:10:41] So to.

**Peter** [00:10:41] Walk. So you walk through the Kentucky Fried Chicken?

**Anna** [00:10:46] No, I'm just saying I walk anyway, and I know I have to walk. But I have learned over the years that when I have because I pushed the limit on my advances and was like, oh, we're going to back this down. And so between exercise and making lifestyle changes, that's how I handled it. But I don't want to tempt fate, you know what I'm saying? No, Colonel, for me.

**Dr. Kipper** [00:11:05] So everything in medicine is, you know, what kind of pill can I take so I don't have to walk to the colonel's and I don't have to get better sleep. And and there really are no great treatment. Metformin is a medicine that people always get if they are overweight or they're pre-diabetic. And it works on insulin resistance because it acts as an anti-inflammatory. And so going backwards into this conversation, if in fact you're obese and you have extra fat cells and you're creating inflammation, you're interfering with the ability of the insulin to do its best work. So anti-inflammatory medications actually have a value in treating insulin resistance.

**Peter** [00:11:49] What about the new drugs that everybody's on to lose weight? Any benefit?

**Dr. Kipper** [00:11:52] Well, Peter, that's what really got me interested in this. This because that is at the core of this. And so here's what these drugs do. The primary thing they do is that they actually increase the amount of insulin that comes out of the beta cells. So let's say that you have some insulin resistance, right? And they're just not working as efficiently. But now you flood the system with insulin, which is what happens with these medicines. You're going to grab that sugar and push it into the fat cells, the muscle cells, and stored into the liver and keep it out of the circulation. So that's one thing that it does. It's a huge part of how these work.

**Anna** [00:12:32] I have a question, so just so maybe you can give some guidelines, like when people test their A1 CS, and this is borne out of my own confusion. So one time I got a A1 ca5 point six and it scared me because on my like Quest or LabCorp or whatever it said, 5.7 means you're pre-diabetic. And that's when I learned this is like five or six years ago, and that's when I was really more careful with my diet. And it got a bit how hovered between 4.9 and 5.1. But then I see the commercials for these drugs. You're talking like the Jardiance or whatever, things like that. And they're like, We've seen successes in getting your A1 C down to sometimes as low as 7.0. And I think to myself, but isn't that still type two in the range of being type two diabetic, or is that just pharma trickery Or like what? What do we need to look for? Have they moved the guidelines? I know that's a big question, but hopefully you can answer that.

**Dr. Kipper** [00:13:26] No, it's a great question. And these numbers, you know, we're all so used to metrics and and we're doing good job because we've got this value here and that value there. But when it comes to your A1, see anything above 5.6 you have to pay attention to, It doesn't mean you're pre-diabetic. Also, depends what country you're in. In Europe, those numbers are very much different. They're very large, really. And in this country we're a little more strict on how we interpret these numbers. If you're in the sixes, you are heading towards diabetes. You are truly a pre-diabetic If you're on the sevens, you're moving into diabetes. So if you are 5.6, you're still in a good place and at 4.9, you're in a phenomenal place.

**Anna** [00:14:15] But that's me being strict.

**Dr. Kipper** [00:14:17] But having these metrics allows us as clinicians to say to somebody, okay, look here number is this You now have to lose weight, you now have to start exercising. Doesn't mean they're going to do it. But I mean, it gives us it gives us a platform to get people to to move. And we have a metric to follow.

**Peter** [00:14:37] And you've given us choices. So we know the answer and we do the recap today. If you have a high A1 seat, you either exercise or move to Europe, you get a much better I love it or safer. No, I love how much better just getting off the plane.

**Lorre** [00:15:01] I am Patti Callahan, Henry. I am Mary Kay Andrews. I'm Kristin Herbert. And I'm Kristy Watson. Harvey Friends of fiction is led by four longtime friends, the four of us with more than 75 published books between us. Through in-depth conversations and interviews, we discuss the books we've written, the books we're reading, and the art of storytelling. We are here with endless stories to support indie bookstores, authors, librarians and readers just like you. We are always seeking innovative ways to introduce dynamic voices and trends in publishing. On this channel, you will find hundreds of episodes with some of your favorite authors, including the four of us, with our new releases as we reveal the stories behind the stories, offer writing tips and talk about the creation of novels, memoirs, and nonfiction titles. So if you love books and you're curious about the

writing world, you are in the right place. You can listen to friends and fiction on any major streaming platform.

**Anna** [00:16:13] Next up, we're talking about Alka-Seltzer 101. And yes, Peter mentioned the plop, plop this fizz, which I was young enough to not understand what any of it meant. And I remember asking my mom, like, What is that for? And she goes, Hangovers. So that's what I thought it was for my whole childhood. Maybe it's a wonder drug. I don't know. Dr. Cooper's about to tell us.

**Dr. Kipper** [00:16:32] It was introduced for hangovers, and that really was a big issue. And that's where people started using this drug or it became popular. Remember, there were liquid antacids and they were over the counter and acids, but it is now the most commonly used antacid for heartburn and reflux.

**Anna** [00:16:52] I didn't know that.

**Peter** [00:16:53] I had no idea. I didn't even know until you brought it up, David, that Alka-Seltzer still sells. I thought it was like a remnant than anything else on the shelf. Was still from the sixties.

**Anna** [00:17:02] Yeah, I know. I was thinking of the cast of Mad Men just drinking their Alka-Seltzer.

**Dr. Kipper** [00:17:06] Right. This is an interesting statistic. 15 million people a day experience heartburn. That's a lot of people. I mean, if you consider our population, 60 million people get it once, at least once a month. So it's out there. Alka-Seltzer is still selling for that reason, but it also treats hangovers. It treats body aches. And it does this because there are three different things in Alka-Seltzer, one of them being aspirin. So aspirin is an anti-inflammatory, so it treats aches and pains. If you ever have a hangover, you think you're going to get a hangover instead of the plop, plop, fizz, fizz. You can take a couple Advil before you go to bed and drink a glass of water and you're going to get a similar effect because you're going to get the anti-inflammatory effect. But it also, in addition to the aspirin, which is pain relieving, it has sodium bicarbonate, which is baking soda, and that neutralizes the stomach acid. And then you add a little citric acid in there. That's where you get your fizz, fizz action. And it works. It really does work and it works right away. That's the other nice thing about Alka-Seltzer for heartburn. There are some concerns with Alka-Seltzer, even though it's so common and everybody takes it. And those are jingle children. Not so great because children for some viral illnesses, if you give them Alka-Seltzer, because they're not feeling well, specifically chickenpox. So if your kids have the chickenpox, you want to stay away from Alka-Seltzer, because the aspirin in general for kids with chickenpox or other viral illnesses that give them flu symptoms can cause a really rare but serious, almost lethal condition.

**Anna** [00:19:00] Anna Ries syndrome. Yes, I remember that when we were kids. We what? My mom said, you're not allowed to take an aspirin to your 18. No bear, no Excedrin to your 18. That's what she said.

**Dr. Kipper** [00:19:12] Do you know what that syndrome is?

**Anna** [00:19:13] No.

**Dr. Kipper** [00:19:14] It's a condition that causes swelling in the liver and the brain. And it happens very quickly. And this is basically a sensitivity that the body has with these viral illnesses. There's an association there, and specifically, like I said, chicken pox and a few others. You get diarrhea, you get you start breathing rapidly and you're vomiting and you're tired. But that can actually go away and you're okay. But as soon as you develop a neurologic symptom like confusion or seizures or any consciousness changes, you have to go immediately to the emergency room. And there's no real cure for this. It's just supportive care. But a lot of a lot of kids die from this.

**Anna** [00:19:58] I feel like they should talk about that more. I mean, I know you're talking about it, so thank you.

**Dr. Kipper** [00:20:02] That's why we're here. It's her job, and it's not so good in pregnancy. The last.

**Anna** [00:20:08] No.

**Dr. Kipper** [00:20:09] Three months of pregnancy. You don't want aspirin because aspirin will affect the the delivery itself because it diminishes the amniotic fluid. That's the fluid that surrounds the fetus and that can impair delivery. And in the developing fetus, it causes kidney problems. So it's not safe for everybody. But these are a few demographics that you want to be careful about.

**Anna** [00:20:35] That's all right. That's why they say for kids, you're only supposed to give them like the Children's Motrin or Children's Tylenol. That's.

**Dr. Kipper** [00:20:41] Yes, that's exactly right.

**Peter** [00:20:45] And hey, this just happened and this is this is very serious because right now, the benzos out there, people are are cutting back on meds, Deb, in a big way because it's hard to find certain medication. I hear this every day from people, but one of them with life threatening consequences. There's something you should know about cutting back on benzos or stop or trying to stop benzos addiction on your own, correct?

**Dr. Kipper** [00:21:09] Yes. And benzos, the benzos are Xanax, Klonopin and Ativan Valley. And these are the benzodiazepines. And they're their function is to relieve anxiety. And there is a lot of anxiety out there. And so these drugs are pretty common. A lot of doctors don't know that this is habit forming. So they're easy to get. They work. There is a long acting and a short acting form of these as Xanax in the Valley AM or shorter acting. They work right away. Klonopin is last in your system for up to 8 hours and they're effective. So people take these. But what we're really doing with these benzos is that we're treating the symptoms of anxiety. So there are other ways to treat anxiety. They're behavioral ways. There's cognitive behavioral therapy, and there are other pharmacology that do this, because we've talked about brain chemistry on this show and people that have imbalances in their dopamine system or their serotonin systems get anxious. Serotonin imbalances creating anxiety and dopamine imbalances create agitation, but it all feels the same. And so people head for these these benzos. So if you're taking benzos for a long period of time, even at a at a recommended dose, they're not made for long term use. But people get these long term and you stop these precipitously, you're going to go into withdrawal. And a withdrawal can be as serious as seizures and psychosis and death. You can die from these acute withdrawals, especially if you're not around someone or people that can help you. So you have to be very careful. And to come off of these is is

also an art form. You have to taper people down from these. Have they been on them a long time? You have to taper people down. It can be 6 to 12 months before you get people off of these. And the people that get persistent anxiety syndromes, once they're off of them, they should be looked at to treat them with these neuro chemical imbalances. So if you treat a serotonin imbalance person that has anxiety, it's a hallmark of serotonin imbalance you treat with these serotonergic medicines. If you're going to use pharmacology. And with the dopaminergic issues, there are there are things to give people that have a dopamine imbalance that can treat their agitation. These are things like Abilify and Lamictal, and we don't just go to medications. We also have to look at the behavioral components and there are great behavioral therapies out there. So it requires some understanding from the physicians that are prescribing these. But patients will often come in. And when you question them about, well, how long have you been on your Xanax and a lot of take this for years, Well, do you take it every day? Oh, yeah. I take it it's sometimes three a day, two a day, and that's a real problem. But they don't see it as a real, real problem. Tolerance builds up. We've talked about tolerance. So, you know, you do have these receptors, these GABA receptors that they're calming down. But after a while, those receptors they dumbed down and you need a higher dose. We talk about tolerance. So tolerance is very common with benzos. So the more you take, the longer it's going to take to come off of them.

**Peter** [00:24:27] David, have there been any improvements before we move on in treating addiction? Is the recidivism rate change? I know it's hard and there's but is it moved the needle with any new advances? We have talked about new drugs, new procedures. Has it moved the needle at all?

**Dr. Kipper** [00:24:43] Not significantly. And I think the big issue here is that we're not looking at this underlying issue of brain chemistry and how we treat the imbalance, brain chemistry. Now, there are in fairness, there are a lot of doctors out there that are aware of this and treating this, but not enough. It's hard to access these doctors and the clinics that we have, these 30 day clinics, you know, they're there to dry you out. But once they dry you out, they're not treating the underlying disease.

**Peter** [00:25:13] It's heartbreaking because, I mean, anybody listening or anybody here is addiction in their family. It's it's one of the toughest things to deal with and to navigate. And then the recidivism rate being so high, It's it's just this this loop, this you know, for a lot of people, it's round and round and round and keep coming in and out and in and out. It's hard to watch. It's hard to watch. And you hope at some point we break the code. And like you said, enough doctors know how to treat it. Interesting. Hey, what about me today? That perked me up and I'm sure it's going to perk up our listeners. Let's give a listen. Okay. Dr. Cooper, I have a question. I wake up in the middle of the night and I have really, really bad leg cramps. I've tried all kinds of things, and it's still going on. Is there anything that you would suggest that might make it better or solve it somehow? Thank you.

**Dr. Kipper** [00:26:06] There are some new things, interesting things, actually, as Peter mentioned. But my question to. And Peter, have you ever experienced leg cramps? Nighttime leg cramps?

**Anna** [00:26:18] When I was pregnant. Yeah.

**Dr. Kipper** [00:26:19] Yeah. And they're horrible, right?

**Anna** [00:26:21] Oh, yeah.



**Peter** [00:26:22] I got to tell you, when I was younger, if I got a leg cramp, it was a different thing. It was like, oh, like, Oh, I can rub that out now if I get a leg cramp. If it lasted more than the time it lasted and I had to.

**Anna** [00:26:33] Go, you'd be dead. You'd be.

**Peter** [00:26:35] Dead. It is so painful. So, yeah. What do you do? Somebody told me. It's so funny when I knew we were going to be doing this. Somebody I knew. I mean, I know the secret. I know the secret answer is some. Somebody I heard pickle juice, but I tried the thing you're going to talk about, and I'll tell you what happened. Why don't you give it up first?

**Anna** [00:26:54] The I am dying to know.

**Dr. Kipper** [00:26:57] Spicy candies. What.

**Anna** [00:27:00] Like a hot Somali or like, bingo?

**Dr. Kipper** [00:27:02] Yes. Right on the money. A hot tamales.

**Anna** [00:27:05] Sponsoring this show, or.

**Dr. Kipper** [00:27:06] Is it.

**Peter** [00:27:07] Good, by the way? Mr. CEO, Hot Tamales. Give us a call.

**Dr. Kipper** [00:27:12] So why is it hot to Molly? There's also a drink called the Hot Shot. That's an interesting story. I'll get to that in a minute. But why does that work? It works because they are giving you these spicy products. And there's a few of these. Cinnamon is one of them pickle juice Peter mentioned. And the one that's that is really the probably the main ingredient of all of these things is the capsaicin. And the capsaicin is basically it's an anti inflammatory. But what it does is that there is a set of nerve fibers that modulate pain. And these are called T.A.R.P. Don't ask me what that stands for. Ask me, but I'm not going to tell you this. And what that what the T.A.R.P. does is it it actually modulates these pain fibers that create the pain and it dumbs and down it tones it down. And by taking the pain out of it, you reverse the contractions that causes pains. And so these candies get good guess. By the way, Anna, these candies contain these same things that that promote or activate the T.A.R.P. Those are the caps that sends the the mustards, the pickle juice, the cinnamon. But this is an interesting story, how another product called Hot Shot was developed. Peter, do you know this story?

**Peter** [00:28:39] I did walk again. I, I couldn't wait to get the information about this thing. So it's these guys who like athletes, big time athletes who are having all kinds of pain issues or cramping issues. Right?

**Dr. Kipper** [00:28:50] They are big time neuroscientists. One guy was a Nobel Prize winner and the other was a Harvard professor. I wouldn't call these guys big time athletes, but they were.

**Peter** [00:28:59] But they did what they did. They did more than me.

**Dr. Kipper** [00:29:02] And they and they were actually because they were kayaking for a long period of time. And they got all these muscle cramps and they didn't know what to do about this. So they took ten years to try to figure out why they were getting these cramps and what they figured out. These are the guys that figured out this connection between the T.A.R.P. and those muscle fibers and then how to calm those muscle fibers. And they came up with a drink called Hot Shot. And Hot Shot became very popular with the National Women's Soccer League. So it became a known thing. The one drawback was that it tasted horrible and so nobody would really buy this drink, but it worked. And again, have the same ingredients that the that the candies have.

**Peter** [00:29:50] I was hoping for a leg cramp, believe or not. And I bought hot tamales and they never buy hot too much and I had it sitting next to the bed cracked open cracked open and ready. So two nights ago. Three nights ago. As I'm getting up, I get one of those. Oh, my gosh, this is going to kill me. I've never had pain like this before. Leg cramps. Oh, and I reach. With a little smirk for the heart to mouth. And I chew to anybody. Want to guess what happened?

**Dr. Kipper** [00:30:23] You got heartburn.

**Anna** [00:30:24] Nothing happened. Didn't help.

**Peter** [00:30:26] Within. And I don't know the time because when you're pain. Time is not not real. But I'm thinking within seconds the pain diminished. You like this? Like cramp ended like that. I swear to you. It was insane. I could not. But I could not believe it. These were the kind of, like, cramps where you get up. Like I said, you make deals with God. You try and walk around. Yeah, You're going, Oh, my God. And then you think it went away. But you move your foot a little bit and it's back again. It's one of those gone. Not a trace.

**Dr. Kipper** [00:30:57] But here's another thing that makes this important. A lot of people are taking statin medications and the statins can create leg cramps. Happen to actually a couple of times and which is how I sympathize now with people with leg cramps. And this was not a known treatment when I was getting my leg cramps. You had to walk around and rub your legs. And so for people that are getting leg cramps from statins, I mean, you talk to your doctor, your doctor may want to change the stat and may want to lower the dose, but they're common. You don't have to be kayaking in the ocean for three days to get these. Another treatment, another over-the-counter treatment is icy hot that's advertised on television. You rub that into your calf muscles and they go away. So here's some home remedies from bedside manner.

**Anna** [00:31:52] I know.

**Dr. Kipper** [00:31:54] For all of.

**Peter** [00:31:54] You I was blown away. But I'm not kidding, folks. If you get leg cramps.

**Anna** [00:31:59] By the way, by that, because I thought for sure you were too big. I didn't do anything because I think to myself that work and it runs.

**Peter** [00:32:06] Counter like like I'm talking to one of those major leg cramps. One, two, three. Gone.

**Anna** [00:32:14] Whoa.

**Peter** [00:32:15] I didn't believe it. Even though I knew these kayaking guys were resurgent. But still goes is not going to happen to me. Give it a shot. Hot tamales. I'm by the bedside. I feel very sorry at the box. It was 2:00. I ate the box and stayed up late.

**Anna** [00:32:30] And you were hyper. Then you got a cavity is a mess.

**Peter** [00:32:32] My girls are gone. Then I got type two diabetes from the hot mommies. But my career is gone. All right, let's do a recap of this.

**Anna** [00:32:40] Recap. Today, we talked about insulin resistance.

**Dr. Kipper** [00:32:43] Very common. It leads to diabetes. You can do something about it, which is to keep your weight down, eat well, exercise that will help, but stay in touch with your doctor. If you have a predisposition with a family member with diabetes or your poor man, if your waist size is over 40, and for women, if your waist size is over 35, you're at risk.

**Anna** [00:33:08] Plop, plop, fizz was, Oh, what a relief it is for more than one reason.

**Dr. Kipper** [00:33:12] It has three things that help you, and that's the aspirin, That's the bicarbonate and the citrate. And it works right away. But if you are pregnant in the last three months of your pregnancy or you're a youngster with chickenpox, ask your parents to hold off on the Alka-Seltzer benzos.

**Peter** [00:33:34] Getting off benzos. You could actually you can actually kill yourself if you do it the wrong way.

**Dr. Kipper** [00:33:39] Do this under medical supervision. It can take a long time. And then when you're off the benzos and you still have your anxiety, which you probably will see a doctor about some alternative, not just pharmacologic treatments that are not dangerous, but also some behavioral therapies that are accessible and and they work.

**Peter** [00:34:00] And our caller Neal's question about leg cramps.

**Dr. Kipper** [00:34:03] So several over-the-counter, the hot tamales, the icy hot and good luck.

**Peter** [00:34:10] You're going to be blown away. I can see everybody. I want everybody report back for next show to see if you have the hot commodities at work.

**Anna** [00:34:16] If you have a question for Dr. Kipper, why don't you head on over to bedside matters dot org, type it in, leave us a message, send us a card or letter. And Dr. Kipper just might answer your question on the air.

**Peter** [00:34:27] And by the way, I'd like to thank, of course, Dr. Kippers, because override we talk about brain chemistry every week and its impact on how you how you run your life or how it runs you. It makes a big difference when you know what your brain chemistry is telling you to do. So get the book over right also and of a keynote go to interview Sina.com. She's got the rub. She's got the sources, which I'm addicted to. Another spicy one. Oh, my gosh. She's got the books, the recipe books. And of course, everything's gluten free, grain free, and it's.

**Anna** [00:34:56] All sugar free. It's all local. Hey, you. You listen to the insulin resistance thing. You're worried you need something to cook. Go get my books.

**Peter** [00:35:03] And producer Larry Karimi, thank you so much for all you do. I appreciate it. Let us know about your like you get like Graham Stewart.

**Lorre** [00:35:10] I get this really weird one. It's not a crick cramp. It's where my big toe goes like this and everything freezes and then I just have to wait it out.

**Peter** [00:35:20] It's you're doing like this, The Spock warning. You're doing the Spock the Spock thing from Star Trek.

**Anna** [00:35:25] What's that she's doing tOe Spock.

**Peter** [00:35:27] Yeah. What is that? There is a.

**Anna** [00:35:28] Vulcan, but only on her toes.

**Dr. Kipper** [00:35:29] Boy, you finally stopped me. I have no idea what that is.

**Peter** [00:35:34] All right, well, thanks for.

**Dr. Kipper** [00:35:35] Well, I'm just. I don't know.

**Peter** [00:35:37] If you got a question for Dr. Gerber. Other than that, reach out to us and thank you for listening to bedside manner through your sick and tired of being sick and tired. We're here to help. We offer new episodes every Monday. Follow us. Like us. Have a great week and send in your answers too. Why does Lori's big toe make a left turn when she's flipping?

**Anna** [00:35:57] 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.

**Peter** [00:36:20] I knew you'd love this place.

**Lorre** [00:36:22] What was that? A selfie.

**Peter** [00:36:23] You just took a selfie.

**Lorre** [00:36:24] With my new Samsung Galaxy Z Flip five. I can snap selfies while it's folded shut and use the best camera on the phone. It's so small I can put it right back in my front pocket. Now it's in my pocket. Now it's taking selfies. Oh, and the huge cover screen lets us see our pics without opening it. Ah, you look. You confused.

**Peter** [00:36:43] I do look you confused. Get your Galaxy Z Flip five now at the Samsung Experience Store at American IT Brand.