

## **Sawbones 251: Your Weird Questions, Our Weirder Answers**

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**Intro (Clint McElroy):** Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax, and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

**Justin:** Hello everybody, and welcome to *Sawbones*: a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

**Sydnee:** And I'm Sydnee McElroy.

**Justin:** Uh, Sydnee. We have a—[laughs] a sort of unusual situation this week.

**Sydnee:** We have a guest in the studio today!

**Justin:** A guest in the studio.

**Sydnee:** A silent—a silent guest. Well, we'll see. That remains to be seen.

**Justin:** Yes. As designed, she is a silent guest who is, uh, watching weird vids on the iPhone. Normally she would be in school when we record *Sawbones*, but she is not, so, uh, Charlie Gail McElroy is here with us today.

**Sydnee:** She may have something to say at some point.

**Justin:** Yeah.

**Sydnee:** I don't know. It's up to her.

**Justin:** It's up to her. Uh, but it'll probably be, "I don't like this weird vid. Gimme a new—help me find Cookie Swirl C."

**Sydnee:** Yeah.

**Justin:** Uh, but... now that that is established, you will understand why we say this is also a special episode of *Sawbones*, because we're doing something a little more, um... flexible. How's that?

**Sydnee:** [laughs quietly] Well, we love—

**Justin:** Little less structured.

**Sydnee:** —we love to do episodes where you send us your, uh, weird medical questions, your wacky medical inquiries—

**Justin:** Your *zany*...

**Sydnee:** And we answer them. These are not—again, as always, this is not advice. This is just stuff that you wanna know about that I may be able to help you find answers for, and you know, I learned something too this time around.

**Justin:** Yeah.

**Sydnee:** I learned something... upsetting. That's, like, the first question, so—

**Justin:** You've already given me a sneak preview of this, so I'm gonna—but, uh, we actually have a late first question, and this is the most important one. It comes from Justin. It says:

"Sydnee, why does Charlie get my nice chair in the studio, and I get this terrible task chair that we all hate and we would throw away if any of us felt like lugging it upstairs?"

That's the first question, it says here.

**Sydnee:** She's—because she's being very patient, and—

**Justin:** She has all her life to look forward to.

**Sydnee:** —she's being very good right now.

**Justin:** She has no reason but to be patient.

**Sydnee:** So that Mommy and Daddy can record their podcast.

**Justin:** I'm in my twilight years. All I have is this chair, and you've taken it from me and given it to her. She has youth. She has beauty. She has everything.

**Sydnee:** And she has your chair!

**Justin:** She has my [holding back laughter] brains and my chair. Yeah, I guess so.

Uh, this first question is from Lacey. It says:

"My fiancee always yells at me after I go to the bathroom to close the lid of the toilet."

She's also kicking me.

"[through laughter] Close the lid of the toilet—"

**Sydnee:** [laughs quietly]

**Justin:** "—before flushing. She believes that if you flush the toilet while the lid is open, germs from your recently expelled waste will splash out of the toilet bowl and on any nearby surfaces, making our bathrooms unclean, and will, in turn, make us sick. Am I correct in thinking this isn't how gravity or germs work, and how do I explain to her that leaving the lid open while flushing is perfectly fine?"

**Sydnee:** So... Lacey. Uh, I did a little digging to check this one out, and I [through laughter] was very disturbed at the results.

**Justin:** Mm-hmm.

**Sydnee:** So... it turns out that in 1975, someone published a study on the effect of what they called "toilet plume aerosols."

**Justin:** Boy, that's rough. That's already rough.

**Sydnee:** Yeah. When you—now, this is not true for if you have, like, one of those low flow, you know, toilets. If you have a low flow toilet, then it is not this extensive, but back in 1975, not very many people did, and so a regular powerful flush—

**Justin:** [laughs quietly]

**Sydnee:** —from your standard toilet can shoot a plume of aerosolized droplets into the air [through laughter] 15 feet high.

**Justin:** That sucks. It sucks. It *sucks*. Like we don't have enough to worry about, honestly? Really?

**Sydnee:** Now, in 1975—

**Justin:** *Now?*

**Sydnee:** —when they published the study, they made the point that your toilet bowl is almost certainly already colonized by lots of different germs. Bacteria and viruses, depending on what you've come in contact with and what's in your waste products, and if you are sick.

And so they posed this theoretical risk. Could you make yourself sick if you flushed with the toilet seat open?

Now, in 2013 they did a review of this literature and they found that while this is still true that the toilet bowl definitely has these germs in it and you definitely do [holding back laughter] shoot them into the air when you flush with the toilet seat open, there has so far never been a documented case of someone actually becoming ill from this.

**Justin:** Mm-hmm.

**Sydnee:** So it is still just a theoretical risk. There is no proof. *But—*

**Justin:** But... but...

**Sydnee:** —but—

**Justin:** Butt.

**Sydnee:** —at the end, there was the consideration, maybe just shut your toilet when you flush. And, maybe if you store things near your toilet like toothbrushes, like, up on the counter—like ours, our toilet is right next to our sink where there

are, like, cups with toothbrushes—like, maybe you might wanna put those somewhere else, in case you forget occasionally to shut the lid, or if somebody else does.

**Justin:** Yeah. Now, this shouldn't be a problem if it's number one, right?

**Sydnee:** No, be—I mean, it's a problem for anything—

**Justin:** [groans quietly]

**Sydnee:** —because, like I said, the toilet bowl is colonized with whatever has been in there before. So...

**Justin:** Now, here's how I discovered this fun fact, beloved listener.

**Sydnee:** [laughs quietly]

**Justin:** I went into the bathroom last night to brush my daughter's teeth. We do *Chompers*. It's a Gimlet Media thing. It's a podcast, but it's also an Alexa skill. If you haven't tried it, do try it, 'cause it's fantastic. Just ask Alexa to open *Chompers* and it's a two minute morning and night show about brushing your teeth, and it educates your kids, and it's fun, and you get to hear a bunch of fun facts and songs—

**Sydnee:** It's actually about all kinds of things.

**Justin:** It's about all kinds of things.

**Sydnee:** It's *for* brushing your teeth, but it teaches you about all kinds of things.

**Justin:** But every, like, 30 seconds, they tell you, like, "Okay, now brush the right upper side of your teeth."

Anyway, it's great, and it keeps track of your streak. We, like, traveled around with our Alexa for a few months to get to a hundred, which is the highest you can go, but we did it anyway. It's inspirational.

So I went to do *Chompers* last night and... uh, the tooth—the toothbrushes were gone. And, um, I was like "Sydnee, where are—where's Charlie's toothbrush?"

And she said, "Oh, I read something today that horrified me. And this is a new thing. We're gonna start putting them in the drawer."

So I looked and yeah, Charlie's was in the drawer, and Charlie's travel toothbrush was in the drawer, and Sydnee's toothbrush was in the drawer—

**Sydnee:** [laughs quietly]

**Justin:** —but there's *one* that *wasn't* in the drawer. Huh—and it—

**Sydnee:** Justin has this weird electric toothbrush that actually charges itself in the cup that it sits in, so I knew if I took it out of the cup it would no longer be charging, so I was gonna have a conversation with him about what he wanted to do about toilet plumes.

**Justin:** My... my... toothbrush—

**Sydnee:** And I had not had it yet, because I didn't wanna tell him until we recorded, because we don't—he doesn't get to know these things until we record!

**Justin:** If you were to—you were talking about the—the h—

**Sydnee:** I had to maintain the integrity of the show above all else!

**Justin:** You were talking about the *harrowing* proximity of our toothbrushii to the toilet, and which one would you say is perched precariously, gargoyle-like—

**Sydnee:** [through laughter] Yours is the—

**Justin:** —above the toilet.

**Sydnee:** —closest, yours is the closest to the toilet.

**Justin:** *Mine* is the closest! J'accuse!

**Sydnee:** [through laughter] It has to be near the outlet, because you have that weird cu—anyway, here's the point, Lacey: no one's ever gotten sick from this, so you're—it's fair for you to say that it's probably not gonna happen—

**Justin:** Except—

**Sydnee:** —but at the same time... I'd just go ahead and shut the toilet. I would—I would go ahead and give this battle up. I would—I would concede this one.

**Justin:** It's probably a good habit to be in. How's that?

**Sydnee:** Yeah.

**Justin:** It's probably a good habit.

**Sydnee:** You're probably safe, but it's such a—go ahead and shut the toilet. It's such a small risk! Go ahead and shut the toilet! That's what—at least that's what I'm gonna do.

**Justin:** Yeah. Uh, I have one from Chelle. It says:

"So, recently I've discovered I've got some pretty annoying keratosis pilaris all over my arms and legs. The discovery of them being there isn't new, I've had them most of my life, but just recently I learned that there's a name besides "chicken skin" or "crocodile skin," like the old folks in my family have always called them. Anyhow, I was just wondering how common these little bumps are. Google tells it's pretty common, but I don't feel like I've really seen them on anyone else."

Sydnee, I don't know what this is.

**Sydnee:** This is really common. That's why I thought it was worth answering this question, is because a lot of our listeners may have this and just didn't know there was a name for it. Keratosis pilaris, which is very commonly called chicken skin, it's like little bumps that you might have. They could be red or white. They're little teeny bumps, and they're most commonly up on, like, your outer upper arms. Like, up under your shoulders, like, in that area. Um, and your thighs. If you feel—as I'm saying this, you might wanna reach up your arm and feel—you may have a few.

All it is—it's a genetic disorder. It's totally benign. There's nothing scary or dangerous. It shouldn't cause you any discomfort or itching or anything like that.

But it's basically where you produce too much keratin and it blocks off the hair follicle, and you get a little bump there, and that's it. It's totally benign, again.

It is present in between 50 and 80% of adolescents. Some people do grow out of it, because by adulthood we find it in about 40% of the population. So, still incredibly common! It really is. There probably are lots of people who might not know a name for it, because they may just have never noticed, but a lot of people have this.

**Justin:** Which is a common thing.

**Sydnee:** Totally common. Totally benign. If it super bothers you—and, I mean, this would be from, like, a cosmetic standpoint. If you just don't like the way it looks or feels, sometimes you can—like, there are creams. There are medications you can get from your doctor, topical things that you apply on the outside. Um, pretty easy to treat, but it probably will come back. That's one thing to know. If it—it's genetic. It'll probably come back.

Um, you can help if you keep your skin from getting too dry, but if it doesn't bother you to just be there, you don't have to do anything about it. It's totally benign.

**Justin:** I don't wanna worry you, but I was feeling for these bumps you're talkin' about. I actually feel this really big bumps *underneath* by skin in my arm. Like, they're underneath my—like, the top of my arm, there's just this huge bump right here—

**Sydnee:** Oh, okay. Justin is now flexing his muscle and rubbing his muscles.

**Justin:** —it's just a huge—

**Sydnee:** He's now rubbing his biceps.

**Justin:** —it's like one huge bump right here.

**Sydnee:** Okay. [sighs] Move on to question three.

**Justin:** [loudly] Is this normal?

**Sydnee:** We've got a bunch of questions. Move on to question number three.

**Justin:** It doesn't seem possible!

**Sydnee:** Move on the question number three. It's especially relevant to you.

**Justin:** It's from Damian. It says:

"So, despite your husband's better judgment, I got the Nightmare King from Burger King."

Aww, Damian, no! I did, however, encourage people to do precisely that and tell me about their dreams.

**Sydnee:** Mm-hmm.

**Justin:** Uh, "Can the deliciousness that is this burger *really* cause nightmares?"

**Sydnee:** So, Justin, you referenced, um, on your *other* podcast...

**Justin:** One of my other dozens of podcasts.

**Sydnee:** One of your *other* podcasts. You referenced this burger, and the fact that there was a study that supposedly supported the claim that it can increase actual nightmares if you eat it.

**Justin:** Uhhh, yeah. Hold on Syd. [imitates guitar]

**Sydnee:** No. We—

**Justin:** [imitates guitar]

**Sydnee:** Wrong show.

**Justin:** It's on this podcast too. [imitates guitar]

**Sydnee:** No, we don't do that here. We don't do that.

**Justin:** I wanna munch!

**Sydnee:** No.

**Justin:** Syd?

**Sydnee:** No.

**Justin:** Syd?

**Sydnee:** No.

**Justin:** Syd?

**Sydnee:** No.

**Justin:** This is the first crossover podcast—

**Sydnee:** [tired] Justin... can I—if I say it—

**Justin:** —for Munch Squad—

**Sydnee:** —can I move on?

**Justin:** Yeah. I wanna munch!

**Sydnee:** Squad. So—

**Justin:** Welcome to Munch Squad—

**Sydnee:** [sighs]

**Justin:** —it's a podcast inside a podcast. And this time it's in a new show. It's called *Sawbones*, and if you haven't heard my cover this—

**Sydnee:** [simultaneously] We have so—I mean, we have so many questions.

**Justin:** —I just wanna tell what the burger is really quick.

**Sydnee:** Okay. Really quick.

**Justin:** 'Cause I ate one, and I was shocked that you didn't give me more trouble about it.

It is a burger patty with bacon and cheese and burger fixin's, and mayonnaise, *and* a chicken breast.

**Sydnee:** Yes.

**Justin:** That's the nightmare part of it, and that's what they're saying is [quietly] bound to give me nightmares.

**Sydnee:** And it's also green.

**Justin:** It's also—the bun is green!

**Charlie:** [distantly] Yeah.

**Justin:** It looks like a—[snorts] Charlie said "Yeah." Um, you know what it looks like in person? You remember *You Can't Do That On Television*?

**Sydnee:** Mm-hmm.

**Justin:** Remember the guy Barf, the chef on *You Can't Do That On Television*, and the stuff he made?

**Sydnee:** [through laughter] Yes.

**Justin:** Yes. That's what it looked like.

**Sydnee:** So—

**Justin:** [through laughter] It looks like a Garbage Pail Kid version of a hamburger!

**Sydnee:** So they really did do a study of sorts. Burger King did a study with Paramount Trials and Florida Sleep and Neurodiagnostic Services, and basically, 100 people ate the burger for 10 nights before they went to bed and then they were observed while they slept. And they said, "Did it give you nightmares?"

And what they said is that the average—on average, like, 4% of the population has nightmares on any given night, and in this study it increased by three and a half times.

Now, the problem—the number one problem is, um, there was no control group.

**Justin:** Uh, that's the number one problem. [snorts] With this entire situation?

**Sydnee:** Well—so—

**Justin:** The number one problem is that they didn't have a control group?!

**Sydnee:** They talk to you about nightmares ahead of time and they ask you questions about nightmares, then they ask you if you had any nightmares. There's a lot of—of... bias. You needed to do that, and then have people eat something that wasn't the Nightmare Burger.

**Justin:** Believe me, friends, you would know if you had eaten the Nightmare Burger. There would be no control group that you could establish for this sandwich.

**Sydnee:** So... [laughs quietly] there has never been a proven link between what you eat and nightmares. So I thought I would address that. They—they've never found—

**Justin:** Well, until—until now?

**Sydnee:** No.

**Justin:** Don't you mean to say until now?

**Sydnee:** No, they've never found that, like, eating certain foods are more likely to give you nightmares or not. Like, they've done some studies to find, like, people who are really thirsty, who hadn't had enough water, like, sometimes dream of water. But past that, like, there's really no influence as to, like, what you eat. Like, that whole bit Scrooge does about a bit of undigested beef or a blob of mustard—

**Justin:** [shaky old man voice] A—a old potato.

**Sydnee:** Yeah. None of that is—there's never been anything like that, so it... no, it can't give you nightmares.

**Justin:** Uh, Amanda says:

"If I have more than one, maybe two—" that is more than one. "—alcoholic drinks in a night, no matter what kind of alcohol, I pretty much always wake up around 2 or 3 in the morning. 100% of the time. Then I have a hard time getting back to sleep. Surely some of that is due to anxiety, but I think it's the alcohol that wakes me up in the first place. Why? I suspect sugar has something to do with it."

Um, I kind of know this one a little bit.

**Sydnee:** Go for it.

**Justin:** Uh, alcohol helps you fall asleep, but is bad for your sleep overall, I under—I know that to be true.

**Sydnee:** Yes. That is very true. That's exactly right. Alcohol does reduce sleep latency, which is the time between when your head hits the pillow and when you fall asleep. So, you fall asleep faster, which you—I mean, most people who have ever had a drink before bed could probably attest to that.

Um, but it messes up what we call your sleep architecture, and that's kind of the—how you go in and out of deeper stages of sleep as you—you know, throughout the night. That's supposed to go in a regulated fashion, and alcohol takes you into deeper stages of sleep faster, and you skip the REM sleep that you need. And then, as you metabolize the alcohol and it's coming out of your system, you actually rebound into those lighter stages of sleep, and probably have, like, micro-awakenings that you don't even know you're having, so your sleep is poor. You know, you're not getting good sleep you need.

And, then actually awakenings that you are noticing. So it's the alcohol coming out of your system that is actually waking you up, which is why you wake up early, you know, in the middle of the night or early in the morning.

Um, it also contributes to, like—it messes with your pituitary hormones, so things like melatonin are a problem, prolactin. Uh, also neurotransmitters, chemicals in your brain that send signals, things like GABA and adenosine, all these things are affected by alcohol, so overall, alcohol is bad for sleep. You really shouldn't drink right before you go to bed to get good sleep.

I saw somebody make a point that, like, the best time to drink throughout the day is happy hour.

**Justin:** Oh yeah?

**Sydnee:** Happy hour, because you'll metabolize the alcohol before you go to bed.

**Justin:** Perfect.

**Sydnee:** So it won't mess up your sleep. I don't—I don't know if I have a study to support that that's true, but I will say if you drink right before you go to bed, it will mess up your sleep. And this is a problem, because up to 20% of adults in the US use alcohol to help them sleep at times.

**Justin:** Huh.

**Sydnee:** So... it's not—

**Justin:** So it's a short—short-term fix, but not a long-term fix.

**Sydnee:** No. Overall you're gonna have disrupted sleep and fatigue, if you use alcohol to help you sleep. So don't—don't do it.

**Justin:** Uh, Dave says:

"During a MBMBaM episode, Justin, I asked you a medical question, but we never got an answer. When a person with a penis gains weight, does their penis also gain weight? Why or why not?"

**Sydnee:** I thought I could continue never answering this question forever.

**Justin:** Nope.

**Sydnee:** But here it is: no.

**Justin:** Someone at a, uh— a live sh—uh, at our book signing actually asked you this—

**Sydnee:** Yes.

**Justin:** —followup.

**Sydnee:** Yes.

**Justin:** A young fan.

**Sydnee:** Yes. So the people need to know. And no, the penis just doesn't—it just doesn't gain weight. It's just an area where a lot of adipose tissue is gonna accumulate. That's where you gain weight, places where you're gonna store a lot of fat tissue, adipose tissue, and you don't tend to do that in penis tissue. So the penis will not get bigger with weight gain.

If anything, actually—just on a side note—if you gain, uh, more weight, your penis may actually start to look a little shorter. Um, because—like, a good amount of the penis is actually—like, the base is actually kind of inside the body, and the less adipose tissue there is in that area, the more of that you can see, so the penis can look lengthier.

**Justin:** Okay!

**Sydnee:** So... weight gain might—it doesn't actually change the size of the penis in any way, but it actually might appear somewhat short... if you gain weight. And if you lose weight, it might appear somewhat longer, but it's not actually changing.

**Justin:** Moe says:

"I grew up in Australia and a common home remedy for an ulcer in the mouth is to put Vegemite on it. I always assumed because it was rather salty, so it's an alternative to washing your mouth with saltwater. Are there any home remedies you grew up with and still use, regardless of your medical knowledge?"

**Sydnee:** I had to really think about this one, because I—I—since I know how many don't work, even the things that I used to use when I was a kid or, like, that Mom still tells me to do sometimes, I won't. Um, 'cause I stubbornly—like, I know they don't work, so I won't do it.

Uh, I do employ the honey for a cough for kids over the age of one who have a cough, 'cause there's really no good medicine. Like, honestly, a lot of the over-the-counter cough and cold medicine you just shouldn't use for kids.

**Justin:** Yeah.

**Sydnee:** Outside of, like, Tylenol—

**Justin:** Don't go—and don't go the pharmacy and buy the homeopathic cold kids' remedy.

**Sydnee:** Don't—

**Justin:** It's just honey. It's honey that they're charging you four times as much on.

**Sydnee:** And you can give your kid a spoonful of honey, as long as they're over one. And that would be fine. The evidence for it isn't amazing, but there is some. So I use it, because even if it's not helping a lot, it's harmless, and it's honey, so I gave her a spoonful of honey. She likes that.

So I do that, even though—there is evidence, but it's just not... crazy robust. Um, and then we have been known—we do have a jar of Vicks VapoRub, even though that really doesn't do anything. Um...

**Justin:** You use Afrin.

**Sydnee:** Yeah... is that a home remedy?

**Justin:** I mean, it's not a home remedy, but it's doesn't [wheezes] work—  
[laughs]

**Sydnee:** Yeah. Studies say it doesn't work. Um... so these are—I don't really use a lot of home remedies. The only thing I've ever really been guilty of is ginger, and there's evidence for ginger. Again, it's not—but you're not gonna find this—even the stuff that *does* work, that's, like, herbal or, um... like a home remedy kind of thing, like, what we'd call folk medicine—even the stuff that probably does work to some degree, you're never gonna find a lot of robust evidence for it. But no, no.

**Justin:** No.

**Sydnee:** My skepticism has driven me away from them.

**Justin:** Syd's ruined a lot of them for me. I used to try, like, elderberry for... cold, and Emergen-C—

**Sydnee:** You used Zicam and Vitamin C. Yeah.

**Justin:** Zicam, Vitamin C. Nothin' works. No medicine works. Sydnee's ruined all of it for me.

**Sydnee:** That's not true.

**Justin:** Philip says:

"Why do I always have to [indistinctly] poop after I exercise? [emphatically] Why do I always have to *poop* after I *exercise*?"

Philip didn't include the question twice, but I stumbled the first time, and I felt like I'd just say it one more time, 'cause it was fun to say.

**Sydnee:** We—we kind of talked about this before when we talked about runner's trots, runner's diarrhea?

**Justin:** [snorts]

**Sydnee:** Um... which has to do with just a lack of blood flow to your intestine—

**Justin:** Runner's trots is just good, old-fashioned, American diarrhea.

**Sydnee:** [laughs] It has to do with when you are exercising and using your muscles, you're diverting blood flow there to, like, you know, use them. 'Cause that's where your blood needs to—you need oxygen when you're using your muscles, and so they divert it away—it diverts it away from your intestines, and that can cause diarrhea later, and dehydration can.

Um, there's also just with exercise in general—I didn't know if I'd ever mentioned this before—the mechanical—like, the jostling of your intestines adds to that.

**Justin:** Just shakes everything up! Knocks 'em loose!

**Sydnee:** Well—it's one of the things we tell somebody, like, who's been in the hospital for a while and, as a result, can't poop, is constipated. Um, they need

plenty of fluids. Obviously if they haven't been eating, we've gotta get a diet back on board. But the other thing is to get up and walk, if you can. Get up and walk the hallways. Movement can stimulate your bowels, so it makes sense that all that jostling around can, as well.

**Justin:** Uh, well, folks, we got a bunch more great questions, but we are running long, so I am going to take control here and shuffle us quickly to the billing department.

**Sydnee:** Let's go!

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[theme music plays]

**Justin:** Folks, our first sponsor this week is ZipRecruiter. If you wanna hire somebody and you don't wanna do it the wack way, where people used to write down what they wanted on paper airplanes and then launch 'em out the window and see who could race back to their office clutching it in there hand first—

**Sydnee:** Just cross your fingers and hope that they're qualified.

**Justin:** —there's a better way now, and it's ZipRecruiter. It's the smarter way to hire! [ziprecruiter.com/sawbones](https://ziprecruiter.com/sawbones) is the only address that will work to get you to ZipRecruiter. All others will not work. The one working URL for ZipRecruiter is [ziprecruiter.com/sawbones](https://ziprecruiter.com/sawbones).

That's not actually accurate, but it is important that you go—

**Sydnee:** [laughs quietly]

**Justin:** —to ZipRecruiter right away, because our listeners, if you use that great URL—our listeners can try ZipRecruiter for free. That address, again, is [ziprecruiter.com/sawbones](https://ziprecruiter.com/sawbones). It's gonna find the people that are right for your job and actively invite them to apply. One more time, that address is [ziprecruiter.com/sawbones](https://ziprecruiter.com/sawbones).

You know, life insurance isn't, uh... that fun to think about, 'cause it's kind of like, money that by definition you will not get to enjoy, and that's a shame.

**Sydnee:** But you're already listening to our medical history podcast, so we know you might have a bit of a morbid bend to ya. [laughs quietly]

**Justin:** Hey, listen, folks. If this show's taught you nothin' else, you're gonna beef it. [wheezes] I'm gonna beef it, you're gonna beef it, we're all gonna beef it.

But when you're—but if you want—if you want to get ahead of beefing it, Policygenius is the best way to get life insurance online. In just two minutes, you can compare quotes from the top insurers to find the best policy for you, when you *do* beef it.

When you compare quotes, you save money. It's that simple. And that money that you save on the life insurance, that *is* money that you can enjoy on a nice, midlife Ferrari, uh, for yourself, that you got with your savings from the money you *didn't* spend on life insurance, thanks to Policygenius.

**Sydnee:** Or take, like—take, like, a Disney vacay, maybe. For the whole family.

**Justin:** [simultaneously] By yourself!

**Sydnee:** Oh.

**Justin:** The life insurance is for them! These savings, friend? They're for you!

**Sydnee:** Oh, okay. Alright.

**Justin:** [through laughter] So, if you've been avoiding—

**Sydnee:** True enough.

**Justin:** —getting beefing it insurance because it's difficult or confusing, give Policygenius a try. Go to [policygenius.com](http://policygenius.com), get your quotes, and apply in minutes. Do the whole thing on your phone right now. Go to Policygenius. It is the easy way to compare and buy life insurance.

Sydnee's shaking her head "no" like she's not gonna beef it. Nice try, Syd.

\*\*\*\*\*

**Justin:** Caroline. Or Carolin, hard to say. Caroline? Let's go with Caroline.

"I'm a 19-year-old girl in college. Over the summer, I started the pill. Since then, I've been noticing some fluctuations in my sex drive. It seems like before I started taking the pill I was just ready to go all the time, 24/7, and now I'll go weeks where I'm just not feeling it *at all*. Then I'll be super horny out of the blue. Is it my birth control, or am I just aging?"

**Sydnee:** I think this is a great question, because the truth about birth control is that it was... the—hmm. The need for reproductive freedom is so strong and so present, even today, that a lot of the—the real-deal side effects and drawbacks to birth control as it was originally conceived were kind of overlooked, because people who had uteruses were so desperate for some way to control that. You know, to take control of that part of their sex life and that part of their future.

Um, and there are real side effects, for sure, and they're different for everybody, which is why there are a lot of different kinds of birth control, and you should—if you're not sure about the kind you're using, if you're having problems, you should always talk to your doctor. There may be a better option.

All that being said, it's really unclear exactly how birth control tends to affect libido, for most people. Some have shown an increase in libido. Others have shown a decrease in libido. Probably for most people on birth control, there isn't a significant change in libido one way or the other, but it definitely can have an effect for some patients.

It can depend on the kind of birth control, and just how it's interacting with you. I would say it's not aging, because you're still... in the grand scheme of things, quite young. I do not mean that in a derogatory way. You're just—you're on the young side. I would not expect your libido to be affected yet, um, based on your age.

So it *could* be, I guess is the answer. It's unlikely that birth control would decrease libido, but it is certainly possible. I would go talk to your doctor and see if there maybe is something else that wouldn't affect you that way, 'cause it's possible.

**Justin:** Here's a question from Elspeth. It says:

"I've heard some people say it's okay if you don't have periods and some people say it's unhealthy if you don't have them, e.g. on birth control, et cetera, because

it's supposed to, quote, "clean out everything." Sydnee, what's your take on this?"

**Sydnee:** It is no problem if you don't have a period, as long as you know, by the way, that you are not pregnant. That would be the only thing I would say is that if you're not having a period and you could be pregnant and you haven't taken a pregnancy test, I would do that, because it's important to know. [laughs quietly]

Uh, but barring that specific scenario, if you are taking birth control and so you're not having periods... or if you just are very irregular and you don't have periods very frequently, that's okay. That's—I mean, if it's not bothering you, there's nothing inherently dangerous or bad for your system.

As someone who has—myself, I have PCOS and I have incredibly irregular periods. I will go months and months. It's fine for me. It's just—it's nice not to have them, personally? Um, although it is a major hassle, 'cause you never know when they're coming, so that's kind of annoying.

But, uh, if it's not bothering you... and you know that you're not pregnant—I always wanna reiterate that, 'cause you should find that out if you think that's a possibility. Barring that, it's really okay for your body not to have a period.

**Justin:** Here's a question from Austin.

"Do women actually have more hormones than men, or is that a somewhat sexist saying, like being hysterical?"

**Sydnee:** I'm assuming this is in reference to idea that, um... like, the comment, "Oh, she's just being hormonal." I think that's probably what we're referencing here, that would be a sexist thing to say.

**Justin:** Right.

**Sydnee:** Yeah. I would say that it's still a sexist thing to say. Um, because we all have lots of hormones. All of us, and all of us have them in varying amounts. Uh, the hormones we typically think of as the quote-unquote "female hormone," like estrogen, or male hormone—you know, quote-unquote "male hormone" like testosterone. Um, those things are certainly present in different amounts, and a lot of that has to do with what kind of secondary sexual characteristics we develop.

So, does a person develop breasts, or do they have a penis or a vagina and all that. Obviously those things are all under the influence of hormones, but we all have lots of hormones floatin' around in there that do all kinds of things, and you don't have *more* based on your gender or based on the genitalia that you have. You just have different ones. So... yeah, I would—that would be my general advice to everybody, is don't ever call anyone hormonal... in reference to anything.

**Justin:** Yeah! It's just, like, a wild thing to say about anybody in any context, honestly.

**Sydnee:** Yeah. I just wouldn't. And they fluctuate throughout our lives at different ages, too, so we all have different amounts at different ages. It's just... yeah. Hormones do a lot of stuff, and they have nothing to do with, um... if you just don't like the way somebody's acting.

**Justin:** No.

**Sydnee:** I—I wouldn't—yeah.

**Justin:** Uh, Jared says:

"I've read there are more bacteria cells than human cells in our bodies. Is this true? If so, how much of our mass/weight is actually bacteria?"

**Sydnee:** This is a myth that I had to bust on myself.

**Justin:** Really?

**Sydnee:** I used to think this. I used to say this, 'cause I had heard this too, that we are more bacteria than human. It's actually probably closer to one to one in the average human.

**Justin:** In a mass, weight, or number?

**Sydnee:** Number of cells. Number of cells, number of bacteria, is probably around the same. I saw—I think the number was, like, in—if you take, like, an average size human, which is, like, a 70 kilo human I think is, like, your standard size, you would have, like, 39 trillion cells and, like, 30 trillion bacteria.

**Justin:** Okay. But, like, if we were—[sighs] if you were take all that bacteria out of us and just, like, put it in a bucket, would it be, like, half our body weight?

**Sydnee:** Uh—

**Justin:** And if so—[quietly] and what would it *look* like?

[pauses]

**Sydnee:** [hesitantly] It would... just—it would look like a bunch of bacteria. I don't know, it'd look gross.

**Justin:** It'd be so gross, wouldn't it?

**Sydnee:** Well, I mean, they're microscopic, so, like...

**Justin:** All cells are microscopic.

**Sydnee:** ... you'd have—yeah.

**Justin:** Individually speaking, right?

**Sydnee:** Yeah. But, I mean, I guess if you have enough of them... I don't know.

**Justin:** It's wild.

**Sydnee:** It's wild to think about.

**Justin:** It's wild to think about, and I don't actually like thinking about it.

**Sydnee:** The point is—the point—and it varies. Some people might have one to one bacteria to human. Some people might be two to one in one direction in the other, but the old—they used to say—

**Justin:** [simultaneously] I think we know that people that are two to one bacteria to human.

**Sydnee:** [laughs quietly]

**Justin:** I think that's, uhhh, pretty obvious at this point!

**Sydnee:** We used to think we were ten to one bacteria to human, and that is—we know that's not true, that most of us are pretty close to... [holding back laughter] a dead heat between bacteria and human cells.

**Justin:** Uh, here's a question from Frank:

"Is it true that if you eat too many carrots your skin starts to turn orange? Are there other foods that this is true for?"

**Sydnee:** Yes! You can! You have to eat a lot, but yes. Your skin can start to get, like, a—a yellowish, orangeish...

**Justin:** Sheen?

**Sydnee:** Yes. If you eat a lot of—anything with beta-keratin in it is what it is. That's what's in carrots. It's most noticeable on the palms and soles. You can distinguish it, by the way, from jaundice—you know, jaundice, when your liver isn't working correctly—because then, like, the whites of your eyes will turn yellow, and that won't happen if it's due to carrots. [laughs quietly]

Um, there are other things that can do this. Eating too many tomatoes can make your skin kind of yellowish-orange as well, and it's because of lycopene.

**Justin:** Mm-hmm.

**Sydnee:** In the tomatoes, that can accumulate.

**Justin:** Huh.

**Sydnee:** Any of these things that change your skin color like this, from just eating too much of it, you can change back if you don't like it by eating less. You just... avoid carrots for a while, avoid tomatoes for a while, whatever it is, and your skin will gradually—I mean, it takes a while, but over the course of months it will go back to the way it looked previously.

**Justin:** You just have to do a detox. A special—

**Sydnee:** [laughs quietly]

**Justin:** —special detox, that I'm selling right now.

**Sydnee:** It's most commonly seen in kids, which I guess is just 'cause as we get older we realize, like, "Man, there's stuff that tastes better than carrots." [laughs]

**Justin:** Or, when you're a kid you're like, if your parents can figure out one vegetable that you like, it's just like, "Oh, thank *God*."

**Sydnee:** That's probably what it is.

**Justin:** "I can sleep at night and feel like a decent parent. Here, [holding back laughter] eat 30 carrots."

**Sydnee:** I bet you that's what it is. 'Cause, like, our kids always loved, like, carrots and sweet potatoes and squash and pumpkin. I'm surprised they didn't turn orange.

**Justin:** Yeah. Uh, Ana comes in with our last question.

"Okay: when my nipples are stimulated, [through laughter] I feel weirdly sad, specifically homesick. I looked it up, and apparently this happens to a lot of people. What the heck is that all about?"

**Sydnee:** Uh, I—I sympathize with this, because I have experienced it before. Um, it is... so, dysphoria, that kind of sad feeling that can happen with nipple stimulation, is really well known, because it tends to happen a lot to people who breastfeed. They call it DMER: dysphoric milk ejection reflex, and it is that—that feeling of, like, sadness, longing, want, need—homesickness is a good way to describe it. There are a lot of different terms people use to describe it, but it happens a lot while people are breastfeeding. Um, as the milk lets down.

**Justin:** So weird.

**Sydnee:** Yes.

**Justin:** Bodies are weird, Syd!

**Sydnee:** It's a weird feeling. I have experienced it myself. Um, I used to describe it as thirst.

**Justin:** You would get thirsty?

**Sydnee:** It made me feel like I needed, like... to go have a cold drink of water. I would feel, like, acutely... dehydrated, or something. I don't know. It's a—it's a weird feeling, if you've ever experienced it, but it is—it *is* common. We don't really have a great name for it happening outside of breastfeeding so far, because it was—that was kind of where it was first described, but now we've realized that it can happen with any kind of nipple stimulation, to some people. Not to everybody, but to some people.

Um, the mechanism is not completely understood. We think it has something to do with prolactin and dopamine, and, like, those things—prolactin specifically can be released either for breastfeeding or, also, just with any kind of, like, sexual stimulation or orgasm it can. So, that's why nipple stimulation of any kind can do this.

It has something to do with maybe a drop in dopamine, we *think*? But it's still poorly understood, but it is a known entity. It's not just you. A lot of people experience it, and I—I really don't have a great way to tell you to... combat it! It just... happens.

**Justin:** Bodies are so... weird! Okay, this is actually the last one. It is from Nick.

"I have two little boys, two and three years old. Sometimes they fill their mouths too full of food, and it just kind of sits there for a bit and gets chewed up a little bit before they spit it out. I try to tell myself [holding back laughter] they get a little nutrition out of this. Am I just fooling myself?"

**Sydnee:** You're not completely fooling yourself. Um, it's just probably not the nutrition that you want. The main thing that you can absorb through—'cause your mouth is lined with a mucous membrane, so I *can* absorb things through your mouth. That's why, um, some medications—like, we absorb under tongue, you know?

**Justin:** Oh, yeah, right, right.

**Sydnee:** So, like, you can absorb things through your mouth, for sure. Um, and you—there's stuff in your saliva, enzymes that can break things down. But most of what you can absorb through your mouth quickly... is sugar. So, like, carbohydrates and sugars could be absorbed through your mouth in that way,

possibly. But, like, proteins and fats and a lot of vitamins and things... most of the stuff you're wantin' the kids to get is—it really needs to make it to the small intestine to get it.

So, um... a little. But you're not completely wrong! But a little.

**Justin:** Uh, folks, that is going to do it for us this week. Thank you so much for listening to our program. Thanks to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program. We have a book! It's called *Sawbones: The Book*. You can find it on Amazon, or at fine bookstores—

**Sydnee:** It's actually called *The Sawbones Book*.

**Justin:** *The Sawbones Book*, that's what I said.

**Sydnee:** You said *Sawbones: The Book*.

**Justin:** *Sawbones: The Book*. It's *The Sawbones Book*, correct.

**Sydnee:** Yeah. [laughs]

**Justin:** Thank you, Syd. Um, if you wanna signed copy, you might be able to call the Books-A-Million in, uh, Charleston, at the Dudley Farms Plaza or the Huntington Mall, the Books-A-Million there. We just signed a bunch of 'em and left 'em in stock, so if you call 'em, they might ship you a signed one. I don't know if that'll work or not, but it's worth tryin'.

Um, real quick, we wanted to tell you. There—if we could just ask for your help with something. It's—it's not, like—this is probably asking too much of you. But, um... there is a billboard that just went up in Huntington that is, uh, trying to reinforce the—not reinforce. Trying to espouse the dangers of vaccines?

**Sydnee:** Trying to discourage people from—really, from trusting their medical professional's advice on vaccines, and instead directing them to their website for advice about their own health.

**Justin:** It's basically trying to—it's capitalizing on the death of a child, and trying to teach people that vaccines can kill. It's at 825 Hal Greer Blvd, here in Huntington, West Virginia. And the company that owns the billboard itself is called, uh, West Virginia Outdoor Advertising.

Their phone number is (304) 342-0932. Since herd immunity affects *all* of us, I feel like this is an issue that everybody can get fired up about. And, um, just, you know, kind of politely explain to this company that, even though they legally may have the right to put up this billboard, they are hurting their community, and it is dangerous and reckless to take money from groups like this, and maybe tell 'em how great vaccines are and how they're risking the lives of kids.

**Sydnee:** Yeah. I—

**Justin:** That may be a fun—fun thing. We have tried—

**Sydnee:** I have tried. I've called several times. I've spoken and been promised calls back in response to my concerns, and have never received any calls back, never gotten any answers to my emails. Um, nothing.

**Justin:** Nothing.

**Sydnee:** They're silent on it. And while, again, there may not be a legal reason they *have* to take it down, if it were me, I would not want to be complicit in bringing harm to my community by discouraging families from getting vaccines.

**Justin:** So again, that number, (304) 342-0932. If you hate the phone, uh, wleslie@wvoutdoor.com is Wade Leslie. That's the president of the company. Just maybe let him know how you feel.

Uh, again, we're... infringing on your generosity, but we thought we'd ask for your help to help fight the good fight here.

Um, that is gonna do it for us, folks. Thank you so much for your time. Thanks for being here with us. Anything else, Syd?

**Sydnee:** Uh, just one thing I wanted to mention. If last week's episode—if you downloaded the original file that was in stereo—one, that was an accident. A lot of people were like, "If you're gonna do this with your show, we're very upset!"

**Justin:** Yeah.

**Sydnee:** And I understand. We not gonna do that with the show. It was an accident. If you re-download it, it is no longer in stereo, so it will sound the way

all of our episode sound, and we will continue to make and sound. And we are sorry for that inconvenience. It was a complete accident, not meant to be... creepy, as I understand it—it was. That's what people said.

**Justin:** Sure.

**Sydnee:** It was very creepy. We did not mean for it to be creepy, and I'm sorry.

**Justin:** Folks, that's gonna do it for us this week. Thank you so much. Until next time, my name is Justin McElroy.

**Sydnee:** I'm Sydnee McElroy.

**Justin:** And, as always, don't drill a hole in your head!

[theme music plays]

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