Sawbones 253: Black Salve

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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: And I'm Justin McElroy.

Sydnee: Still. I—I—you persist. As Justin.

Justin: I—I persist.

Sydnee: You continue to be Justin.

Justin: Justin… ad infinitum.

Sydnee: Good. Uh, Justin—

Justin: Ad astra, yes.

Sydnee: You—you seemed to enjoy last week's episode so much—[laughs quietly] in that—in a perverse way?

Justin: Yeah. I—in the way that I like dunking on people who are lying.

Sydnee: I—I thought I would continue that theme somewhat this week. Uh, it's still—we still do a lot of history on this show, so I found something that I think serves both masters. It is—it—

Justin: Ah!

Sydnee: —it is both historical *and* current quackery.

Justin: I love that. That's both.

Sydnee: And again, something that we have gotten a lot of emails about recently. A lot of people are excited to hear about this topic.

Justin: Uh, you've mentioned, actually—you got one, like, *as* we were about to start recording, right?

Sydnee: As we were about to start recording, I looked and we had another email suggesting this, so, uh, thank you to everybody who has tweeted and Facebooked and emailed, including [inhales] Theo and Arthur and Jasper and Dana and Megan and Gia and Lucy and Claire and Lux and Sarah and Jennifer and Charlie and Renee.

Justin: Wow.

Sydnee: And more.

Justin: Hot topic.

Sydnee: Et al. There are many. Uh, for the suggestion of black salve [Sydnee pronounces it like "sav" unless otherwise noted].

Justin: Black salve [pronounced like "sav"].

Sydnee: Salve. We checked on this.

Justin: Yeah.

Sydnee: I'm just gonna—there's—there's some behind the scenes stuff for ya. We checked on the pronunciation of this, because I've always said black salve and Justin said black salve [pronounced like "salve"].

Justin: I have always said salve [Justin pronounces it like "salve" unless otherwise noted]. Sydnee said she always wants to say salve, so I tried to

convince her that it was okay, come with me. Where I—where I come from, you can say salve.

Sydnee: We looked into it and it sounds like salve is most—most accurate? But then—

Justin: In the US—

Sydnee: In the US—

Justin: —and maybe UK, it is more like salve.

Sydnee: Salve [pronounced like "salve"]. Either way. I think they're both acceptable, so… feel comfortable with however you choose to pronounce black salve, but do not feel comfortable with using black salve as we—as we shall discuss.

Justin: Uh, I knew nothing about this, which is surprising considering how many people recommended that we do an episode on it.

Sydnee: Uh, it's been in the news this year, I think is why. Not necessarily this month, but within the last few months, so—

Justin: What's been the, uh—what's been the reason for that?

Sydnee: Well, le—lem—let's break—let's break down what it is, first.

Justin: Okay.

Sydnee: Do you know—you probably have no idea what black salve is.

Justin: Not a clue.

Sydnee: Okay. The components of black salve—or you may have heard it called Cansema?

Justin: Cansema? Nope.

Sydnee: That's another name for it. Um, there's also—I saw some people refer to it as red salve, which seemed like should—it should be a different thing completely, but—

Justin: But it is—just 'cause it seems like a completely different—

Sydnee: I saw it used interchangeably.

Justin: Okay.

Sydnee: Um, and it—it can contain a variety of herbal… substances, which is why you most often see it marketed as a natural cure of sorts, but the primary herbal component that it most commonly will contain… is bloodroot.

Justin: Bloodroot.

Sydnee: Because I've also seen it called just bloodroot salve.

Bloodroot is, uh, Sanguinaria canadensis is the scientific name, in case you're curious, and it's the root of this plant, bloodroot.

Justin: Sang, uh, being related to blood?

Sydnee: Hey! Good one!

Justin: 'Cause, uh, like sangria? Is made of blood and oranges and stuff?

Sydnee: I don't think sangria's made of blood. I—

Justin: Not blood. Not—not made of blood.

Sydnee: Yeah. It's—actually, I'm not gonna think that, I *know* sangria—

Justin: Positive.

Sydnee: —is not made of blood.

Justin: Yeah. Positive.

Sydnee: That's not within, like, the realm of medicine, really?

Justin: But it is some—you know things that aren't necessarily medical.

Sydnee: And I feel comfortable with the declaration that sangria does not contain blood.

Justin: Okay.

Sydnee: [through laughter] Or at least it shouldn't. [laughs quietly] I hope—unless you're—

Justin: Here—here come—here come the tweets!

Sydnee: —[through laughter] you're do—you're doing sangria wrong.

Justin: Here come the tweets, Syd!

Sydnee: Okay. There can be other herbal things in black salve, just in case you're curious. Uh, things ranging from red clover to burdock to pokeroot to turmeric, all kinds of different herbal components, but it seems like if you really want it to do—well, what you think it's going to do, you need the bloodroot.

And the reason is—and we'll get into this a little bit more—bloodroot is a known escharotic. It—

Justin: I have never heard this word before.

Sydnee: It creates an eschar—

Justin: Uhhh—

Sydnee: —which is like a scab.

Justin: Okay. There we go.

Sydnee: It destroys cells.

Justin: Okay?

Sydnee: It irritates your skin and destroys cells. It's known to do that. If you apply enough of it to your skin, it will… cause… damage.

Justin: So we're seeking this out because it causes… damage.

Sydnee: Which is probably why it—you know, if you think about it, probably why it's called bloodroot, huh?

Justin: Uhh, yeah, that makes sense.

Sydnee: 'Cause it's thought—it was thought to be, like, a drawing thing. Like that old concept of something that could draw out—

Justin: Draw out blood, right.

Sydnee: So you draw out infection or cancer or illness or whatever—whatever era it is, whatever we think is causing the bad thing, you can draw it with this. So, bloodroot, probably named for that.

Um, and people observed that by naturally interacting with it and going, "Ow," would be my guess.

Justin: [snorts] [quietly] So you don't, like, process it. It's natural.

[pauses]

Sydnee: It—yeah, bloodroot just does that.

Justin: [quietly] As itself—okay.

Sydnee: Yeah. The root. The—the rhizome of it. The root. Uh, the herbal part of this black salve kind of falls apart with the other ingredients, though, because black salve almost always includes zinc sulfide. Uh, it—there are—I did find some formulations that didn't include that, but the vast majority of what you're gonna buy, if you buy this stuff, contains zinc sulfide, and the reason is that zinc sulfide is very much so a, uh… an escharotic. It will—it will definitely destroy tissue. It's very good at that.

Justin: So we got two tissue-destroying things.

Sydnee: Yes. [clears throat] So, you've got this zinc compound in there, which, if you wanna get completely technical, can it be found in nature? 'Cause if we're gonna argue with people who say this is a natural cure, the question is, is this something that's naturally occurring?

Well, most of the time, no. You make this with a process of combining zinc and hydrochloric acid, and the stuff that you're finding in black salve, that's what's happened. It is a synthetic chemical that's been put into it.

Justin: Okay.

Sydnee: So it is not naturally occurring. Now, technically there's a very rare mineral called… [sounding it out] simonkolleite?

Justin: Okay.

Sydnee: Which… *can* contain this, so it—technically speaking, it could be naturally occurring. But, the stuff that you're buying has been synthetically created.

Justin: Okay.

Sydnee: I—I don't really care about such things, as I am a proponent of medicines that are synthetically created, but since the naturopaths do…

Justin: There you go.

Sydnee: It's not naturally occurring. Uh, this synthetic chemical is usually used in things like textile manufacturing and—[holding back laughter] metallurgic fixtures for soldering galvanized iron.

That's typically what it's used for, not putting on your skin. And in a lot of black salves you'll buy, it's the main ingredient.

Justin: You keep saying "black salve," and keep thinkin' you're gonna say Black Sabbath.

Sydnee: No.

Justin: And it's really hard to not—to not assume that you're saying that every time.

Sydnee: This has no affiliation with Black Sabbath.

Justin: We should have led with that.

Sydnee: As far as I'm aware.

Justin: They are *very* litigious.

Sydnee: [laughs] The salve may also contain something called DMSO, dimethyl sulfoxide, which is a—again, it's a synthetic chemical. It is manufactured from this stuff, lignin, which is a byproduct of paper production.

Um, and it—basically, the idea is if you include DMSO in your black salve, it will penetrate the tissues more deeply. It helps to penetrate through the layers of skin further.

Not all black salves contain this, but again, if it does, this is a—this as another synthetic chemical. I say this just to underline the fact that this is not just, like, "We bought some—we found some plants and we made a paste and put it on your skin."

Justin: Right.

Sydnee: No. These are synthetic chemicals that are put in there that definitely can damage human tissue.

Justin: Okay.

Sydnee: Um…

Justin: So far this stuff doesn't seem *great*, Syd.

Sydnee: This has been called before, specifically bloodroot, nature's scalpel.

Justin: Okay.

Sydnee: And the reason is that it is very good at… destroying human cells.

Justin: An escharotic, you might say.

Sydnee: Yes, an escharotic. Uh, there has been a lot of argument as to whether or not black salve has some sort of ability to discriminate between human cells that are just regular old human cells, and cancer cells.

Justin: Hm.

Sydnee: This is where this comes into alternative medicine. The idea that—

Justin: When you say there's been a lot of debate about it… between who?

Sydnee: Uh, scientists and not-scientists.

Justin: There we go.

Sydnee: Yes.

Justin: So not much of a debate. Not exactly a debate, as such.

Sydnee: I mean, people have done—people have done studies to try to figure this out, because the thing is, the idea that we find some medicines by looking into plants is not—that's not a wild idea.

Justin: I think though—

Sydnee: Digoxine, which is a medication that we use for a certain cardiac condition, it came from a plant! So it's—you know, that's not wild. It's just—

Justin: No, that's what I'm—I'm drawing attention to the fact that—and I think it's something you and I can be more careful about on the show, but I think everybody could be—should be careful about. I think there's a—I think there's a danger when we're doing stuff like this to frame things as a debate. You know what I mean?

Sydnee: Sure.

Justin: Like, there's been discussion—I think that terminology is, like, loaded, because it's like, "Well, the scientists say this, but the non-scientists say this." Well, there's not a debate. There's—

Sydnee: It doesn't work, but some people believe it does.

Justin: Right. That's more—

Sydnee: Yeah.

Justin: —that is what we're trying to get to.

Sydnee: And I think—but I think it's important to know that people actually looked in to see if it did.

Justin: We—you checked! You checked.

Sydnee: Yeah! Well, I mean, I think—I don't think anything should just be dismissed offhand. Well, no, that's not true. I do think some things should be dismissed offhand if they're ridiculous. But it is not ridiculous to find a plant, see that it does some damage to human tissue, and say, "I wonder if it selectively kills cancer cells. We should investigate that."

Justin: Chemotherapy, right?

Sydnee: Yes.

Justin: I mean, same—same idea. Like, that—

Sydnee: Same idea.

Justin: —that probably seems… you know.

Sydnee: It seems wild! I mean, because that's the thing—and I'm gonna talk a little bit more about this, but… when it comes to cancer treatments, the idea that people are looking for new, better, safer ways to treat cancer with fewer side effects—that's not a wild idea. I mean, that's what doctors and scientists are doing.

Because it's never ideal to have a medication that while yes, it can help kill cancer cells, will also destroy some noncancerous cells and make you sick while you're getting it. Now, if that's the only alternative and it might, you know, kill the cancer and give you a lot more years on this planet then sure, it's worth taking that risk. It's worth having those side effects.

But, if we can find less toxic ways, of *course* we want that. So I don't think that search is a bad thing. It's what scientists are doing. It's just that if something's a dead end, it doesn't matter how much you wanna sell it to people. It's a dead end.

Justin: Right.

Sydnee: And you should look elsewhere.

Justin: Got it.

Sydnee: Escharotics, by the way, were very popular in the 1800s, and this is where you're gonna see this black salve come from, this period of history.

And there are proponents of black salve who will tell you it is way older than that, that it dates back to—there are references in some, you know, ancient Egyptian medicine, where you can find them talking about medicines that scar the skin and how important they are, and all this kind of stuff.

They've found, like, evidence that maybe they could—they could make this synthetic zinc compound as well, and so they knew about the possibility of zinc to… kill cancer, and that kind of thing.

Justin: Basically that classic, uh, ancient medicine thing of "any effect is a good effect."

Sydnee: Exactly. Exactly. And I mean, perhaps it does date back that long. For me, it doesn't matter how old something is. It either works or it doesn't.

We definitely know that in the 1800s this interest in applying different substances to the body to… especially to treat what we were starting to understand was cancer, you know, were tumors, uh, was very popular. The idea that, like, something that was very acidic or very alkaline or, uh, some sort of heavy metal that you could put on the skin and you would *see*, like, visible destruction, was a good thing.

You would get an eschar, a big scab would form and fall off, and the thought was that you had destroyed the bad cells and you were saving the person. And there were a huge range of substances that were used at the time. Things like mercury and arsenic and—zinc was used, copper, all kinds of substances, not just… you know, this black salve stuff. Um, were very popular for any kind of skin condition that was thought to be cancerous.

And if you look at the alternatives, it's not surprising. What they did before that, before they had chemical escharotics, is they put a hot iron on it.

Justin: Yeah!

Sydnee: To destroy it.

Justin: Yeah!

Sydnee: So this isn't, like, a wild idea that people would say, "Well, this seems like a… a better…" [laughs quietly]

Justin: "Yeah, this is a much easier way to burn the flesh off!"

Sydnee: Or surgery!

Justin: "Thanks, science!"

Sydnee: That was the other option was surgery, "Let's just cut off the—whatever this cancerous lesion is," um, which was probably a better idea, but we didn't have anesthesia.

Justin: Sure. Unappealing.

Sydnee: So a lot of people were a lot more willing to try escharotics, whether or not they were more effective.

Um, the formulation for black salve in particular probably dates back to an American surgeon named Jesse Fell who practiced in the 1850s, and he observed people native to the regions of the US that he was practicing in—he observed them using that bloodroot that we talked about, and he thought, "Well, this seems to destroy things on the skin. Maybe I can use this for cancers and stuff,

as an escharotic," and so he combined it with zinc chloride, and there you go. The rest is history. The black salve.

Um, the reason that people probably thought it had some legitimate use we can trace to a Dr. Mohs, Frederic Edward Mohs, who practiced in the 1930s, and all throughout the 1900s, and he was a dermatologist, and he specifically was looking at better ways of treating skin cancers, because the idea at the time was that you had to cut out the skin cancer and take a pretty wide margin to make sure you got all the cancer cells, right?

Justin: Right.

Sydnee: And this could be very disfiguring, depending on how large the skin cancer was.

Well, his idea was that you could use this solution—and his was a zinc chloride solution, which was very similar to black salve. He called it Mohs Paste—

Justin: [snorts]

Sydnee: —but it was-it very—

Justin: 'Cause he could trademark that.

Sydnee: —[holding back laughter] it was very similar. It had that bloodroot in it.

Um, but you would put this paste on a very teeny layer on the area that would cancerous. You would leave it there to destroy and fix that area. That's what he found. It was a fixative. It would destroy—it would kill the cells without disrupting their architecture, without disrupting the way they looked, so that then he could, the next day, cut off that area of dead skin, look at it under a microscope and see if he got clean margins. Like, see the cancer cells.

So that's why it was so revolutionary. It was a way of killing, but also saving the cells so you can examine them.

Justin: Okay.

Sydnee: Does that make sense?

Justin: Yes.

Sydnee: So he developed this technique, Mohs surgery, where he would put some of the Mohs paste on, leave it overnight, cut off that skin, look at it under a microscope. If he got clean margins, great. If he didn't, put more of it on, bring 'em back the next day, so on and so forth.

Now, over time this evolved to a point—because we still do Mohs surgery today, by the way. This—this is still a procedure that is commonly done for squamous cell skin cancers, basal cell skin cancers—

Justin: By *real* people.

Sydnee: By real doctors. Some kinds of melanoma nodes. It's a very—it's an important surgery, and it has great results, but we don't use that paste anymore. We have better ways to do, just, fresh tissue sections and look at it under a microscope while you're doing it, and it can all be done in one day, usually.

It's a much more advanced procedure, and we don't use that paste, but I think the fact that this very legitimate, great surgery that preserves as much healthy tissue as possible, but also treats skin cancers—I think the fact that in its origins we were using something similar to black salve gave it a lot more legitimacy than it deserves today.

Justin: Fair.

Sydnee: You know I'm sayin'?

Justin: Yes, absolutely.

Sydnee: Um, but no. Mohs surgery is legit, and done by real doctors. And if somebody suggests it, for your condition, you might need it, then I would believe them and go to someone who does it. It—yeah. No, it's a very advanced, important procedure.

But, as I said, because of this a lot of people began to believe that maybe… black salve still had this use, because "Hey, this great doctor Mohs who invented this surgery that is totally legit and works really well *did* use this. And… now doctors don't want you to know about it because they wanna do surgeries, 'cause surgeries pay so much more—"

Justin: Right.

Sydnee: "—and they don't want you to just use this secret salve, paste, whatever you wanna call it, because—" we're, I don't know, evil and money-grubbing and all the usual… stuff that people say about it.

It is worth noting that Mohs also used to put it on gangrene.

Justin: That probably worked too, right?

Sydnee: It would work, because it destroys both healthy and dead and cancerous—because it just destroys tissue.

Justin: Right.

Sydnee: So I think—I think that's an interesting point to note when you start to argue, "Does it only kill cancer cells or not?"

Justin: It doesn't. It kills all cells.

Sydnee: [simultaneously] Cells.

Justin: Yeah.

Sydnee: Cells. Uh, so anyway, this should've been the end of Mohs paste, of black salve. It should've been the end, but it's not.

Justin: Uh, why not?

Sydnee: Well, I'm gonna tell you, Justin.

Justin: [sighs]

Sydnee: But first, let's go to the billing department.

Justin: Got me again. Let's go!

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[theme music plays]

Justin: Uh, folks, you've heard us talkin' about it before, but we just can't tell you how much that we love Blue Apron at the McElroy household. Every Friday we get a box, uh, and we get to see all the cool things that we're gonna be eating that week. But we're not just eating them. We're making them together, as a family.

What do I mean when I say that? Well, what I mean is that Sydnee has me watch both of our children—

Sydnee: [laughs]

Justin: —while she has a beer and makes dinner, and relaxes, and listens to Jan Arden music—

Sydnee: [laughs]

Justin: —and chills, while I try to keep both our kids alive for 30 minutes. Uh, so, Syd, why don't you talk about how relaxing and fun it is to make a Blue Apron while I watch our children?

Sydnee: Making Blue Apron is sometimes [through laughter] the best part of my day. [laughs] No, I love my—I love our kids.

Justin: But…

Sydnee: But it is—it's really enjoyable. [through laughter] You follow instructions, and Justin always really enjoys—

Justin: Love that. I love the food, I'll say that!

Sydnee: —the food! And I do too!

Justin: The food's always delicious, yeah. We both can enjoy that.

Sydnee: I do too. And we try new things that we wouldn't otherwise.

Justin: Uh, we're—what was, like—I'm trying to think of the best one from this week. There was a, uh… [clicks tongue]

Sydnee: You liked the, uh, beef and broccoli stir fry.

Justin: [sighs] So good.

Sydnee: That we made.

Justin: It was, like, with a za'atar seasoning?

Sydnee: Mm-hmm.

Justin: Aw, man. It was great.

Sydnee: And, like, a cumin sichuan sauce.

Justin: Great.

Sydnee: Really good.

Justin: It's all g—yeah. You know, they—they—the only problem with Blue Apron? They sometimes include olives. But never fear, folks. You can leave the olive out.

Sydnee: Yeah.

Justin: Like any—

Sydnee: Or if you like 'em, you could eat 'em.

Justin: Mm… I don't wanna talk a bunch of nonsense here. Like, let's not—we just talked about presenting things as, uh, two-sided when they're not.

Sydnee: [laughs quietly]

Justin: They're just—good news, folks: you can leave the olives out.

Sydnee: Listen, Justin. It's important that somebody is eating our share of olives on the planet.

Justin: Or they're stop making them, and that would be a win for everybody.

Sydnee: [laughs]

Justin: Uh, right now you can check out this week's menu and get your first three meals free at blueapron.com/sawbones. That's blueapron.com/sawbones to get your first three meals free. Blue Apron: a better way to cook.

It says here, also, uh, from Blue Apron: "If you tweet at Justin and Sydnee about olives, they will instantly block you."

Sydnee: [laughs]

Justin: "We are forcing them to do this. Sincerely, Blue Apron."

Oh. I—it seems weird that it says that.

Sydnee: I—I don't really mind. It's fine. You can like olives.

Justin: Just don't tw—don't tweet at us about olives.

Sydnee: [laughs]

Justin: Uh, it's bad enough that olives exist, folks. [laughs quietly]

Uh, you know, if you wanna hire somebody, there is only one way to do it. You write down your job requirements on a slip of paper, you stuff them into a bottle, and you throw that bottle into the man-made Beech Fork Lake, and you hope that that bottle arrives at someone's home who has the qualifications you're looking for. That's the only way… you can hire.

Sydnee: It used to be, Justin.

Justin: What?

Sydnee: Not anymore.

Justin: Go on!

Sydnee: [holding back laughter] That's right. Now we've got ZipRecruiter.

Justin: What?

Sydnee: That's right!

Justin: Is it a bigger bottle?

Sydnee: No. It has nothing to do with bottles.

Justin: A more streamlined bottle?

Sydnee: It has nothing to do with bottles [holding back laughter] or Beech Fork Lake. [laughs]

Justin: A—a bottle with tiny propellers on it to help guide it to a home?

Sydnee: No. ZipRecruiter's powerful matching technology can find the right people for you, and actively invite them to apply.

Justin: Uh, that sounds much better than—than my method. It's no wonder, then, Sydnee, that ZipRecruiter is rated number one by employers in the US.

And right now, our listeners can try ZipRecruiter for free… at ziprecruiter.com/sawbones. That's ziprecruiter.com/sawbones.

ZipRecruiter: a better way to cook. [holding back laughter] No.

Sydnee: [laughs] No, don't say that.

Justin: A better way to… hook.

Sydnee: [simultaneously] Hire. Oh.

Justin: Oh. Up with employees. Yours is better. A better way to hire.

Sydnee: [laughs]

Justin: Listen. They've got their own taglines.

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Justin: Uh, now, Sydnee, why is it—why are we still talking about black salve? Not here, but as a people?

Sydnee: Okay.

Justin: By the way, everybody. Sorry I sound like this. I, uh… you know.

Sydnee: You don't have to apologize.

Justin: Yeah, I just didn't want people to think it's, like, a new thing.

Sydnee: It could—I mean, it could—it could be a new thing. If you want. I mean—

Justin: I can't—I can't do this at will.

Sydnee: You could try.

Justin: Alright.

Sydnee: Maybe a little harder.

Justin: Alright, fine.

Sydnee: Okay. Okay. So, the thing is, black salve is still available for purchase today, despite the fact that we obviously have better ways to treat skin cancer and even Mohs surgery, which initially used something similar to black salve, does not at… any—at this time, use it at all.

Um, it destroys cells, so that, I think, part of why people are still attracted to it, is that… uh, one, for whatever reason, patients with dermatologic conditions, and especially, like, dermatologic cancerous conditions, are more likely to seek out these alternative therapies than patients in general. And I don't know if that's because, like, the idea of putting something on your skin seems less harmful—you know what I mean?

Justin: Yeah, yeah, yeah.

Sydnee: Like, "I have this skin cancer and the doctor told me, like, 'We need to cut it off at some point, but, you know, we don't have to—this isn't, like, an emergency. We don't have to do it this day, but we do need to remove this.'"

And so, like, if some patients think "Well, maybe this is something I can handle on my own, and this natural product I don't really understand, but it's natural." Everybody—the natural fallacy. Everybody always thinks if something's natural—

Justin: It's fine and safe, yep.

Sydnee: —it's great. Yeah, it's better. And then also, you're just putting it on your skin. You're not ingesting it, so maybe that's why?

Justin: Alright.

Sydnee: It's perceived as less toxic? I don't know. But for whatever reason, people with dermatologic conditions are *more* likely to seek out these sorts of therapies than just, like, general patient population.

Justin: Yeah.

Sydnee: I thought that was a very interesting fact.

Justin: Well, and also I think that there's a, uh… I think there's a sense that you could tell if it's working or not, a lot easier than something that's on your liver, right? I mean…

Sydnee: That's very true. It's really easy—um, with this substance, if you apply it, you will see… a result.

Justin: There will be a change!

Sydnee: Yes, because that's what it is meant to do, is—the chemicals in it will destroy cells.

Now, again, a lot of proponents will argue that it is mainly destroying the cancer cells and leaving behind all the healthy cells. Uh, studies have shown that it—the various components in it—which all, in and of themselves, can destroy skin cells—so, like, the zinc can. The, um… the bloodroot can. Like, [holding back laughter] the different components are all very good at… they're all cytotoxic, meaning they kill cells.

Justin: Right.

Sydnee: Uh, and different ones kill them to different degrees in different kinds and different ways, but they all will just kill skin cells. The deeper tissues, deeper subcutaneous tissues, as well as—

Justin: How is cytotoxic different from escharotic?

Sydnee: Well, cytoxic—I mean, specifically they kill cells. Escharotic is usually referencing, like, the formation of the eschar, which is, like, a big… like, black, scabby thing.

Justin: Okay.

Sydnee: That's what we're talking about.

Justin: Okay.

Sydnee: So, I mean, yes, they're both—I guess in way they're both destroying the skin cells, but something that's cytotoxic isn't necessarily creating an eschar. Like, think about if you took something internally that's cytotoxic.

Justin: Got it.

Sydnee: Right?

Justin: Yeah.

Sydnee: Okay. So, once you put on the black salve, it's gonna ulcerate, create a big crater, a big hole.

Justin: Ugh.

Sydnee: And then you're gonna get a big giant scab, and it will fall off, and you're gonna have a big gaping wound, and the idea is that you should let this wound heal by what we call second intention, secondary intention, which means it just—you just—you don't… fix it. You just let it heal. Which…

So, first intention is, like, we sew you back up, right?

Justin: Okay.

Sydnee: You have a surgery. You get it sutured back up. They don't just leave you with a big open wound and say "Don't worry, it'll close."

Sometimes for things that are infectious we let them heal by secondary intention, meaning we don't completely close it up afterwards. I mean, we're not gonna leave, like, a hole to your insides, but sometimes there's a purpose for that in medicine.

In this case, it's just… "You'll be better off if you just let the big gaping wounds that the black salve has cause heal on its own."

Uh, and that is not gonna give you the best cosmetic result, by the way. That is one—that's one thing we find a lot with people who have used black salve, is that… aside from whether or not it actually did anything for the cancer, which it almost never does, you're also left with a really awful wound that you probably don't want.

Justin: Yeah.

Sydnee: I would assume. Um, there have been multiple cases of people using black salve, and then coming back in to actual doctors, to traditional medicine, to try to fix the damage that it's done, which is why—and I think this might be why it's getting so much play now, 'cause some of these cases have been really recent.

So, there was one case where a woman presented with what was probably, at the time, an isolated melanoma. So, based on the initial reports from her presentation—and this played out over the course of seven years, so it's hard to say—she was—they found this lesion. They thought it was melanoma. They scheduled her for surgery. She never showed. Instead, she went and used black salve.

She came back in a couple times for reassessment, but never really followed through with the treatment plans, and by the time she finally showed up seven years later, uh, with a lot of other symptoms, it had metastasized to her lungs and her liver, and she had a big lymph node in your groin that was causing blockage, and so—anyway, her prognosis, had she had it removed at the time of initial presentation, was, like, 10 year survival of 87.9%, and by the time she actually had it treated by traditional medicine, her 10 year prognosis was 2.5% survival.

So, the black salve didn't work, of course, *and* it delayed her treatment to the extent that—I mean, they—they probably could have cured this, had she had it done, uh, initially.

There was another patient who had a nodule on his chest that was found to be melanoma. He, again, didn't follow up with his real doctors, went instead to some sort of naturopath or somebody who prescribed him black salve. He used it for, like, eight months, and then came back a big, ulcerated wound on his chest, as well as a lung mass. Because, if we're talking about melanoma, it—it *will* metastasize, most likely. Um, somewhere else in the body at some point. [clears throat]

Um, the—in 2002—'cause this has been on the radar of actual medical professionals for a while, you know? This is—I think—there's been a lot of interest in it in just the last year, but this has been on the radar for quite a while. In 2002, The Archives of Dermatology published several different case reports from patients who had tried to use some sort of black salve, escharotic-type agent to cure their own skin cancer, and here's the thing. If you have a very superficial squamous cell cancer, you might use this, and it go away, and you think that you've actually treated it, right?

Justin: Right.

Sydnee: Like, it might temporarily look like you fixed the problem. But, um—like one patient found, it looked like the visible tumor was gone, and it worked; but when they came back for a biopsy months later, they found that there was still cancer underneath the skin that it did not get. Because you have no idea what kind of cells you're killing with this, right? You don't know what—you've got a big scab. It fell off. You got a scar there now. It looks okay. You assume the cancer's gone. You have *no* way of knowing it is. So that can happen.

There was another patient that it looked like they actually did manage to get all the cancer cells, but there was so much damage done to their skin that they ended up having a series of plastic surgeries afterwards to try to repair the giant gaping wound that resulted from the use of this.

There were other patients who had—I mean, had nose reconstruction as a result. Uh, this was a common thing I found. People who had, like, cancers on their face, and decide to use this instead of surgery? I don't know if it was the fear of the

surgery that drove them to use the black salve, but the result was a lot of reconstructive surgery. I mean, this stuff can destroy cartilage, too, so—

Justin: Ugh.

Sydnee: —people had, like, their entire noses reconstructed after—I mean, basically it ate it away, more or less. The black salve destroyed their entire nose. Um… there are lots of testimonials you'll find on the internet from people who use black salve and claim that it works, and I think that it's important to know that a testimonial does not equal a study. It—it's not the same as a published result. And I think that this is common for a lot of these alternative medicine kind of fake cure things, that you'll find a lot of testimonials from people claiming they work, but you won't find a lot of studies that claim they work, and that's 'cause they don't.

You can always find somebody who will say that something worked for them, and maybe it did, maybe it didn't. Maybe it wasn't a skin cancer. Maybe they had something else that they thought was a skin cancer, they put the black salve on it, it fell off.

Justin: Right.

Sydnee: Because people will use this for minor lesions, too. People will use this for things like warts or skin tags or—there are a lot of things that can look like skin cancers but aren't, and these—they were not getting a lot of tissue diagnoses to know what people have, so they'll claim that this cured their skin cancer when actually maybe it just… made a wart fall off. And… what damage did it do in the meantime?

Um… so, again, I could go on. I have a lot of different cases where—there was a woman who went in to a naturopath for a sore shoulder, but while she was there she said "I also have this bump on my nose I don't like. What do you think about it?"

And the herbal—and the naturopath was like, "Here's this black salve. Put this on your nose and it'll go away."

She started developing, like, painful red streaks down her face after she started using it, and they told her that it was a good sign, because cancer is a crab, and this resembles a crab, so this most be working.

Justin: Wow!

Sydnee: She put more of the black salve on. Um, her nose sloughed off, eventually. Her nose came off. And 17 plastic surgeries and three years later, she had her face reconstructed from the damage that the naturopath did. And, uh, if you look up these things—because, I mean, it's still marketed online. You can still—you can still buy this stuff online. Cansema, like I said, is one of the brand names.

They will tell you that it is a miraculous product with a miraculous history, with roots that go back to the late 19th century, and only suppression and greed have prevented its enormous benefits from being made available to the mainstream.

They're very clear that if you use it wrong, you might lose your nose or something, but it's your fault, 'cause you used it wrong.

Justin: Perfect. Yes

Sydnee: It's not the product's. It's your fault. Um, and they tell you that if you have a lot of pain, that's normal. If you have pus coming out of it, that's normal. Don't worry. Lots of pus might happen. You might have to change your bandage constantly because of all the pus coming out of it. Totally fine. Don't worry.

And you—if you're really concerned, you could always consider putting hydrogen peroxide on it. Um… which we've done an episode on before. We know that doesn't work.

Justin: We—when we decided to launch this show and not—and not have cursing, that seemed like such an easy decision at the time, and as we've gotten into some of these more modern ones, it's become… [clicks tongue] uh, increasingly challenging, would be a way to put it.

Sydnee: Uh, the—the most common use that you will see it recommended for is skin cancer.

Justin: Mm-hmm.

Sydnee: Um, but there have been pills of black salve sold for cancer as well as hepatitis, HIV, SARS, avian flu, um… they're even marketing it for pets now. Uh… we've talked about Weston Price and his legacy on this show before.

Justin: Good ol' Weston Price.

Sydnee: The Weston Price Foundation writes about its effectiveness—

Justin: Perfect. Perfect.

Sydnee: —and has, uh, DIY recipes for you—

Justin: Perfect.

Sydnee: —so that you can make your own at home.

Justin: Yeah, cut out the middle man. Yeah, if the Weston Price Foundation is involved, you *know* that you're dealing with some high-quality… honest…

Sydnee: [snorts]

Justin: … [quietly] Foundation.

Sydnee: I feel like they—like, the Weston Price Foundation now is just looking for fake stuff that they can just get behind. Like, it's not part of—like, they don't… have any. They're just like, "Yeah, I'll get behind that fake thing too. Is that fake? Sure."

Justin: I feel like if we found them, they would be led by, like…

Sydnee: Jenny McCarthy, or—[laughs]

Justin: Jydnee and S—Jydnee and Sustin, our evil doppelgangers from another dimension.

Sydnee: [laughs]

Justin: They are the anti-us.

Sydnee: Uh, the FDA has written letters to companies to stop various advertising practices, because they'll say, like, "This is for cancer," and you're not

allowed to say that now. They have formally said, "This cannot be used for cancer," but you can still sell it. And a lot of these websites are very good at finding ways around it. Like, "Throughout history, people have used this for cancer."

Justin: "Wink."

Sydnee: But then they don't claim that *you* can use it for cancer. And then they always put those disclaimers, like, "This is not meant to be a medical treatment for anything" or whatever, and that flies under the radar.

The Australian government had to take action this year, because one of these cases we talked about was well-publicized in Australia, I think in April of this year, and so they have warned patients about it and put a lot of information about it online so that people will know this is fake.

So, the bottom line is it's fake. It doesn't work. It *definitely* does harm. Uh, there is no evidence that it discriminates between regular cells and cancer cells, so it'll just destroy cells, and… even if you want to theorize that it has, at some point, destroyed a skin cancer on somebody's arm, uh, it has done it in a—I would say [holding back laughter] a very inelegant way.

It's destroyed all kinds of tissue that wasn't necessary, and we have safer, better ways of doing that now. So, even if you wanna argue that maybe it worked one time in one testimonial, well, we have better ways of treating skin cancers, especially when we're talking about things like squamous cell and basal cell, which can usually be treated with in-office procedures, and they're unlikely to metastasize or go anywhere else. These are usually things that you can handle pretty easily with a dermatologist.

Even if you need something more advanced like Mohs surgery, it's a better way to do it. It preserves a lot more tissue, and you're not dealing with 17 plastic surgeries to correct the damage that this unregulated, untested, unproven, uh, over-the-counter—you have no idea what kind of ingredients are in it, how much zinc, how much bloodroot—you have no clue—black salve that you bought. You have no idea what it's gonna do to you.

Um, you *know* if you go to a dermatologist or a doctor and have these things taken care of. Uh… it doesn't work. People die. This is not an alternative. All it

does is ensure that instead of, um… all it does ensure that you're going to die and pain and disfigured.

Justin: Well, that's… not a good product.

Sydnee: So, I—this is—um—

Justin: I would even say a bad product.

Sydnee: And again, I think that when it comes to cancer treatments, you find a lot of these because our cancer treatments are not perfect yet. Cancer is hard. We don't have it all figured out, no. And yes, there are lots of side effects, and sometimes, despite all of the best treatments that we have available, it doesn't work. But that doesn't mean that there's some secret that some guy on the internet can sell you that will fix it all.

Justin: Nobody's hiding it from you.

Sydnee: Nobody's hiding it. You've just got a lot of smart, hard-working scientists who are still trying to figure it out, and turning to things like black salve—again, it just makes sure that you're gonna suffer more, and you're gonna pay money to a charlatan who does not care about you or your health or safety, only cares about making money off of your desperation. So.

Justin: There you go.

Sydnee: Don't use black salve!

Justin: Don't use black salve.

Sydnee: Period.

Justin: Uh, folks, thank you so much for, uh, listening to our program. We hope you've enjoyed yourself. Uh, please buy our book. It's on Amazon. And now you can listen to our book. Yes, that's right. Ouroboros. The snake has eaten its own tail. The po—the book—

Sydnee: [laughs]

Justin: —based on a podcast is now an audio book you can listen to. Embrace it, folks. Don't run from it. Embrace it. Sydnee and I had to record it. Now you can

listen to it. Uh, we hope you enjoy that. That's on Audible. Uh, a previous sponsor of our show.

And, uh, thanks to the Max Fun Network for letting us be a part of their extended podcasting family. Thanks to The Taxpayers for the use of their song "Medicines" as the intro and outro of our program, and thanks to you for listening! 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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