

## Sawbones 298: Food Sensitivity Testing

Published on November 15th, 2019

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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, "Medicines" by The Taxpayers, 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, as huge fans of capitalism, Sydnee and I are uh, *Shark Tank* aficionados, would you say?

**Sydnee:** Uh...

**Justin:** Because we love capitalism so much?

**Sydnee:** There—we do—okay. Let me parse that sentence. We do watch *Shark Tank*. Uh, I like to see the food products that are introduced. Sometimes I get excited and order them on the internet. So that is the primary function of *Shark Tank* in my life. I am not a fan of capitalism. Could I please make that clear? [laughs]

**Justin:** We set up a VPN to tunnel our way into Canada to get Canadian *Dragons' Den* from the source, okay? 'Cause we love capitalism so much.

**Sydnee:** We've also seen the British *Dragons' Den*, as well.

**Justin:** Didn't do it for me.

**Sydnee:** I would say the Canadian version of the show is the best.

**Justin:** It's actually the best, but half of the things are board games, and the other half are hockey products and ways to deal with—

**Sydnee:** There's a lot of hockey. [laughs]

**Justin:** Ways to deal with snow, hockey products, board games. Canadian *Dragons' Den* is the best. Anyway, that's neither here nor there. We love capitalism, but we—

**Sydnee:** No, wait, no! Quit saying we love capitalism! I don't!

**Justin:** We do get fired up every time there is a medical product. I can feel Sydnee tense on the couch. Because I know that we're about to see someone try to pitch something fake, almost every time. I mean, like...

**Sydnee:** The vast majority.

**Justin:** Except for the Squatty Potty. A few of the sharks will um, be against—be against it on principle, maybe one shark against it on principle, the rest are lapping it up, loving it. I've heard about this. They'll say, "Yes, take 100,000 dollars."

**Sydnee:** Right. Uh, and I used to think there were certain sharks I could trust to—to stop the pseudoscience, the pseudomedicine. I—none of them are reliable anymore.

**Justin:** Yeah.

**Sydnee:** None of them are reliable.

**Justin:** We watched one last night about—what was it? Oh, it was a doctor who—[laughs]

**Sydnee:** They were introducing—it was basically a Vitamin C, echinacea, zinc...

**Justin:** Zinc.

**Sydnee:** ... combo pill to help you with a cold, um, to try to reduce antibiotic overuse. Which may have been a sneaky attempt on the doctor's part to give people medicine who want antibiotics that sort of sounds like an antibiotic, but isn't an antibiotic...

**Justin:** Yes. That is what the product was. I believe this doctor was intentionally selling snake oil to get people off his back to give them antibiotics. Anyway...

**Sydnee:** I—we—I don't know if that's what that doctor was doing, and we are not saying he was, but that's still uh—

**Justin:** I'll say he was. I'm just a guy. [laughs]

**Sydnee:** Autonomy is key to medical ethics, and you cannot and should not lie to patients and be ethically sound as a physician, so... I may not feel comfortable—

**Justin:** Okay, Syd. You got the legally obligated part.

**Sydnee:** I mean, he's not lying. It is what he says it is; it just doesn't do the things he says—well, okay. Never mind.

**Justin:** Anyway, uh, that's not the product today, right?

**Sydnee:** The point is, they had an interesting conversation about consumer-driven healthcare.

**Justin:** Yes.

**Sydnee:** Uh, and many of us in medicine have a problem with it. Many of us in the country, in the world, many humans have a problem with this idea because medical care, healthcare is a right that everyone should have access and be able to afford and get... freely, always. And the idea that it is in a free market system completely undermines that anyway. And that includes the idea that as the patient, you should just tell the doctor what you want and they should give it to you.

It doesn't work very well in medicine. Um, which is why direct-to-consumer advertising of medications, like pharmaceutical companies do, is totally... ridiculous. 'Cause you don't—you have to learn this stuff to know what you need.

**Justin:** But...

**Sydnee:** So at-home lab testing is part of this.

**Justin:** Right.

**Sydnee:** And we've had some people ask about, uh, the various companies that will do—send you a kit to allow you to collect a blood sample at home, and send it in, and have them do a variety of lab tests for you.

**Justin:** We talked about, I believe we did an episode on DNA testing, right?

**Sydnee:** Mm-hm.

**Justin:** Had our—had our results. Got a lot of emails.

**Sydnee:** Whichever – 23andMe, Ancestry, whatever it was.

**Justin:** Yeah. Got a lot of emails from folks telling me that I traded away my DNA to some corporate, uh, vault, they can make a lot of little Justins, and that's fine.

**Sydnee:** And Justin thought, "You know what? That's not good enough for me. I need to give my blood to more companies." [laughs]

**Justin:** Yeah. So I've just been sending it out higgledy-piggledy, willy-nilly, whoever will take my blood. You want my—as Samuel L. Jackson in *The Negotiator* said, "You want my blood? Take my blood!"

**Sydnee:** [laughs] Well, Justin gave his blood to EverlyWell. And we are not, uh—we're not just—

**Justin:** Sold it. No, well—they—

**Sydnee:** You paid them, to give them your blood.

**Justin:** I paid them to give them my blood. Yes, that's correct.

**Sydnee:** Yes. And we're talking about EverlyWell just because it was a *Shark Tank* company. It was—Lori Greiner invested in it, so it's relevant. It was the one we used. It seems to be a pretty popular one in the space, but there are lots of companies doing this, just to be clear. But we'll talk about your food sensitivity testing results.

**Justin:** I'll talk about the first in my results right now, and it's that my Facebook ads are screwed. [laughs] I am getting some things now that I know—

**Sydnee:** Welcome to my world.

**Justin:** I know you've been in this club for longer than I, Syd. Getting some things advertised to me. Some people see the J Man as a bit of a mark, now, it would seem.

**Sydnee:** When it comes to—we wanted to start with the food sensitivity testing. That was the one we targeted, because I think it's a good example of something that sounds, on the surface, very scientifically sound, and pretty easy to understand, and then once you dig into it, falls apart pretty quickly.

But if you don't have uh, some sort of scientific degree, you've never studied or tested the stuff, or you don't have access to somebody to help you understand the results, it—you could be fooled by this pretty easily. And it—fooled to the tune of some money. So I think it's probably the most—or at least one of the most problematic of these at-home lab tests that I've found, the food sensitivity testing.

The idea that food makes us feel good or bad is not a wild one. We all know that—

**Justin:** We've all felt good while we were eating Long John Silver's, and then felt bad 15 minutes later. We've all been there. Or at Fazoli's, one would—the offer would feel very good when the breadstick hits your mouth, nom nom nom, please bring more.

**Sydnee:** [laughs]

**Justin:** They're happy to. But then later, you have to—that's what they don't tell you about um, the free—free breadsticks at Fazoli's. All the ones that they put in you, you have to then take out in your body.

**Sydnee:** Yes.

**Justin:** You know what I mean? And carry with you throughout the day.

**Sydnee:** And they feel so heavy in there.

**Justin:** Aw, now I'm hungry for Fazoli's!

**Sydnee:** No!

**Justin:** Dang it!

**Sydnee:** So the idea that "I know I feel bad when I eat certain things, and I know I feel better when I eat other things; what could be the reason?" and I mean, it's good to be looking at your diet and thinking about the foods you're eating. That's not a bad thing. We should be. More and more, we see that it's—the idea of watching what you eat, I think for so long, unfortunately, was tied to a weight thing. And it shouldn't be. It should be tied to a "How I feel and how I can make my body function the best" thing.

And I think all that is true, and all that can exist in a scientifically-grounded, evidence-based environment. It doesn't have to be at the whims of whatever company has come out with a fake test and can market it the best. But unfortunately, that's what's happened.

I wanna—before we get into the food sensitivity testing, the idea of at-home lab testing... Justin, as a consumer...

**Justin:** Yes.

**Sydnee:** ... what do you think of it?

**Justin:** That is how I think of myself.

**Sydnee:** [laughs] As a consumer of a—of a product... 'cause that's what it is. You weren't a patient. You consu—like, you bought something. You did a test at home, and you were sent the results to interpret on your own. So how did—what is that experience like?

Because they don't just do food sensitivity testing; they do real things, like a thyroid test. You know, but how do you—Vitamin D level. How do you feel about that?

**Justin:** I'm biased—you know, it's hard for me, because we do the show, so I'm—you know, I know enough to be dangerous, I guess, with regard to these things. I would say that it doesn't feel—it can feel unnerving, I think, to get these results and not have any way to interpret them.

I think, though, if I'm talking about, like, the basic human part of it, I think that there is something about the idea—I think it's tied up in identity, a lot of it. I think people want to think—you know, you want to think that you're like, special, and have different stuff about you that nobody else has, or like, understand yourself a little bit better. And so I think the idea that like, "Oh, that's—that's something about me, I'm very sensitive to this," I think that's part of it.

I think that also, though, um, what we're talking about is—is uh, the belief – and often misguided belief – that there's something, one little thing out there, that if you just changed this one thing, you'd feel great, and everything would be better. Um, and I think it's a very human...

**Sydnee:** That's true.

**Justin:** And I think that's a very human—human thing. Um—unless those things are sleeping more and drinking more water, I don't think that's usually the case. There's a few other things, obviously, but...

**Sydnee:** Do you think it's empowering to have access to this information? I mean, 'cause you could do this...

**Justin:** What's empowering is that my wife's like, [fart noise] nonsense.

**Sydnee:** [laughs]

**Justin:** It's made up.

**Sydnee:** I—well, but seriously, do you think—I mean—'cause that's the whole idea, right, that it should be—your information, you should be able to access, if you can pay for it. That's the idea from these companies, is that it's your TSH, why can't you buy it?

**Justin:** What's TSH?

**Sydnee:** It's a Thyroid Stimulating Hormone. It's part of a thyroid test.

**Justin:** Uh-huh.

**Sydnee:** So it's your lab value. Why shouldn't you be able to go pay a company, stick your finger, give 'em some blood, and get the result back? Why does a doctor, or some other health professional, why do they have to be in the middle of that interaction? That is what these companies would say. It's your info. You get it. Don't let doctors keep it from you.

**Justin:** I know, but there's like—I'm not a medical professional. I don't know how to interpret any of it. I don't know what any of it means.

**Sydnee:** And do you know if you need that test? That's the other question, is not just "How do you interpret the result?" Because if everybody needed all these tests...

**Justin:** We would be... Right.



**Sydnee:** But do you need it?

**Justin:** I don't know!

**Sydnee:** There's a recently—

**Justin:** I feel tired a lot. [laughs] You know what I mean? Like, I—I feel tired a lot, and I'm carrying a little bit more weight than I wish I did. Maybe that's the problem, right? The secret problem all along has been this thyroid thing. See, I'm just now hearing about this thyroid thing.

**Sydnee:** [laughing quietly]

**Justin:** Is this something I need, Sydnee? Why are you withholding it from me?

**Sydnee:** Well, that's the thing. So part of the problem with these tests is that all tests are somewhat imperfect, right? There is no—you can't find any tests that every time we do it, it will give us all true positives and all true negatives, and it never gets anything wrong, ever, not once, ever, in the existence of the test. Right?

**Justin:** Mm-hm.

**Sydnee:** So the reason that we—if you look, there are guidelines for who we screen for different things. We're talking about screening tests, meaning you don't have symptoms; you're just supposed to get this test now. Something like a mammogram.

**Justin:** Right.

**Sydnee:** A certain age, you get a mammogram. At a certain age, you get a colonoscopy. It doesn't matter if you're having symptoms or not; this is the age where we recommend, "Hey, you should get this done." Those are screening tests.

Uh, there's a reason we only do them at certain ages or in certain parts of the population; otherwise, the results become less robust.

**Justin:** Mm-hm.

**Sydnee:** They're less meaningful if you just broadly apply them to everybody. We target them at the populations that are most likely, and that gives us better, more reliable results.

**Justin:** Right.

**Sydnee:** Once you start diluting it out to everybody, the results become less reliable, because you're testing people who are very unlikely to have the thing, but you're gonna get false positives sometimes, and all of a sudden, the test falls apart. And so that's part of the problem with this.

The other thing is, sometimes you're doing this for a diagnostic purpose. Like you said, you're tired, do you need a thyroid level? A lot of us are tired. Not all of us need our thyroids checked.

Now, there are certain times in your life where I would say otherwise in certain people, but the idea that everybody who feels tired should get a thyroid lab... we're gonna do a ton of unnecessary thyroid testing, and you're paying for it. But somebody who's trained in medicine can help you decide if you need a thyroid test or not, and order it for you.

So that's part of the problem with these tests, is that we have guidelines that we follow. The United States Preventative Services Task Force gives us guidelines to tell us who to screen, and when. And then we have all of medical school that teaches us what diagnostic tests to order. You don't want to just get them all of the time.

And some of the tests don't make any sense, anyway. They offer Lyme testing. Lyme testing, as we've talked about on this show before, Lyme Disease testing is fraught with problems. The actual real deal test that doctors do, we don't do it all the time for everybody, because if we did, we'd get tons of false positives, and people would be diagnosed with Lyme Disease who don't have Lyme Disease.

**Justin:** Mm-hm.

**Sydnee:** So you should never just order these tests. There are doctors who are ordering these tests unnecessarily. This isn't just for the consumer; these are medical professionals who are ordering it in patients who shouldn't have it ordered.

You've got to talk to somebody who knows what they're doing, and it's putting people at risk for getting a random Lyme Disease test, they get a positive result, so then they reach out on the internet, and what do you find? A lot of misinformation from quote, unquote "Lyme Literate Physicians" who will then take you into their care, charge you tons of money, and put you on antibiotics, maybe for years, that you didn't need.

**Justin:** Mm-hm.

**Sydnee:** So there's huge risk to doing a test that you didn't need, and getting a false result, right?

**Justin:** Mm-hm.

**Sydnee:** There are other tests they do. They do things on this um, in these specific panels, something called a sleep panel.

That's the other thing: the tests, the panels that they—that you order aren't called, like, "cortisol level." It's called, uh, "sleep health" or "sleep test," "sleep panel." There's one called um—

**Justin:** Is it an at-home thing?

**Sydnee:** Yes.

**Justin:** Really?

**Sydnee:** There's one called a "heart health panel." There's a metabolism panel. These sound like things we all need, right? It's really easy to think, "Well, whatever—I don't know what those—what do they test in those?"

Well, if you go, you can look, you can find you what they test for, but if you don't have—do you know what cortisol and cortisone and melatonin would mean? What those levels, when you get them back, what they'll mean?

**Justin:** No.

**Sydnee:** They change throughout the day. They fluctuate depending on who you are, and what you do, and they've never been validated as a reliable way to diagnose or guide treatment for insomnia. But they'll charge you, and give you results for them.

**Justin:** Mm-hm.

**Sydnee:** Um, the heart health panel includes a value for inflammation called a CRP, which yes, there have been some studies that indicate that in people who are maybe at risk for cardiovascular disease in the future have had elevated CRPs, but what we found was that broadly applying that test to everybody, just testing everybody's CRP and saying, like, "Okay, you're gonna have a heart attack," doesn't work.

So if you get this value elevated, it could mean anything. Or nothing. And the only way you're gonna know, then, is to go to a doctor, and say, "I don't know what this means," and...

**Justin:** You're no better off than you were before. [laughs] You'd be 50 dollars poorer, or however much.

**Sydnee:** Oh, I don't think any of these tests are 50 dollars, honey.

**Justin:** Oh, God. I should've asked how much that one was.

**Sydnee:** There's uh, there's an ovarian reserve test, which means it's for people who are having difficulty getting pregnant. There was some evidence that perhaps we could check a certain hormone level on day three of your cycle, and if it was elevated a certain way, then it means you don't have a lot of eggs left, basically. So your ovarian reserve, how much eggs you have left, is low.

Now, again, this has not been standardized. It is not recommended as a screening test. If you read, medical professionals, people who do this for a living, say you shouldn't just use this test. If you're having a complete fertility workup, your doctor might use this as part of it, but this could lead somebody to the false belief that they cannot become pregnant. Based on— if they believe this result.

**Justin:** Right.

**Sydnee:** And don't talk to a doctor about it. And the test is not—should not be used that way.

They do a lot of tests, like I said, like thyroid tests, Vitamin B, Vitamin D, they do cholesterol testing. These are—I mean, these are real tests, right?

**Justin:** Right.

**Sydnee:** People do need these tests. So there's a chance that you're ordering something that maybe a doctor would order for you anyway. But what are you gonna do with the results?

**Justin:** Nothing? Ask you—I would ask you.

**Sydnee:** But what if you're not married to a doctor? [laughs]

**Justin:** Well, then I dunno. I can't help you.

**Sydnee:** You gotta go to some—you can't—I mean, how are you gonna treat these things? Even if you find something. Like, they do home uh, Sexually Transmitted Infection testing.

They do home Cervical HPV Swabs, meaning if you—or someone with a cervix, they send you a swab where you can get samples of cells from your own cervix, and send it off to see if there's human papillomavirus, HPV, there, which can—certain strains can convert into cervical cancers and cause other problems.

But again, we don't recommend doing that right now, because we still need to do pap smears. Because just finding that virus or not finding that virus does not replace a pap smear at this point. We're not there.

**Justin:** Or I guess you could check and it—they don't register anything, and then you think, "Oh, everything's fine!" and so you don't get your pap smears, right?

**Sydnee:** Exactly. There's so many problems with these tests, and then with the things that they're applying broadly, like the cortisol level, and just trying to do random cortisol screening in everybody to diagnose them with—I mean, a cortisol level is in the sleep tests, the stress tests, the fatigue tests, the metabolism tests, the heart health tests, the men's health tests... it's just a cortisol level, and again, you gotta be really careful when you order those.

I, as a physician, have ordered them and explained exactly when to do them, and tried to get this testing wrong—or testing right, and still gotten a result that I realize, like, [annoyed sigh] you know what, actually, because of this, this, and this factor, this test is not gonna help me right now. I'm gonna have to go on to a different test, something that will be more exact, because this result could be flawed.

And I have done that with all the knowledge...

**Justin:** Right.

**Sydnee:** ... so how's somebody gonna do it at home?

**Justin:** Right.

**Sydnee:** So there's huge problems with these tests. There's—one that particularly struck me is that they will check your breast milk for DHA, which has been associated with, like, good, healthy brain development and stuff in babies.

But there is no evidence that we should be testing breast milk for it, or that we should be doing anything, whether or not you find it there. So you can

see the result of this pretty easily: somebody sends in their breast milk, they test it for DHA. They say, "Well, you don't have enough of it."

**Justin:** And they stop breastfeeding.

**Sydnee:** And they stop breastfeeding, because they feel like they're depriving their child.

**Justin:** [sighs]

**Sydnee:** Even though they were enjoying, and doing well, and everybody was happy with the breastfeeding relationship. So that—on a very personal level, I felt like, "Screw you," over that. But...

**Justin:** Yeah.

**Sydnee:** There's a lot of problems with just doing labs at home, without anybody with medical knowledge involved.

**Justin:** Do you think there's something—[sighs] What about as like a—I mean, is there any value, like, even as like a "I'm worried about this; I should do something"? I mean, 'cause I hear what you're saying, completely, but we are also living in a, at least here in the States, living in a fundamentally broken system.

**Sydnee:** Yes.

**Justin:** So like, you could see how... something that gives you some illusion of agency or control or whatever would be very appealing to people.

**Sydnee:** I can see how it would be very appealing to people, but I think the problem is, who is running this service? Is it someone who is interested in giving—like, is their primary goal to give you control over your own healthcare so that you can be healthier and happier? Or is their primary goal to make money?

And I don't mean that in a malicious way. It's a company. It's a business. It's—it's a business. Their goal is not to make you healthy; their goal is to make money.

**Justin:** Are there any of the—are there any tests like this that you would say, like, "Well, yeah, sure, go ahead and get that done"? You know, if you're curious?

**Sydnee:** There has been some research on home uh, Sexually Transmitted Infection testing. There have—I read some—when I was reading about all these different studies, I read some studies that indicated that uh, you know, even though once you get those results, you still have to, I mean, go get treatment...

**Justin:** Mm-hm.

**Sydnee:** ... you know, you still have to access somebody who's gonna be able to prescribe you treatment if you do have a positive result. That because there's still so much stigma attached to STI, you know, testing itself, outside of whether or not you actually get a positive result, that the idea that somebody could do it at home, there are certain segments of the population that wouldn't get tested who will get tested if they can do it at home.

**Justin:** And it might prevent them from spreading it, you know, if they are acting under the assumption that they have it.

**Sydnee:** Now, this right now, there's nobody saying that this is preferable.

**Justin:** Sure, right.

**Sydnee:** But the idea that there would be a way to employ this, that this could be a good adjunct to the way we typically check for Sexually Transmitted Infections, I think there's some evidence there. So I think that might be an avenue that, in hands I would trust – which, I mean, and this applies to medicine broadly, why do you trust big business to run your healthcare, ever?



**Justin:** I don't know.

**Sydnee:** You know? Whether you're talking about a company that does at-home labs or, you know, an insurance company, or a hospital, or an HMO, or whatever. Like, why do you trust any of them?

But I think that there is a—there might be a role for that. And they've done—I will say, they do link to a study where they show that people collecting cervical samples at home were actually pretty decent at getting a good sample of cervical cells. Which surprised me, because that seems like a tricky thing to do on your own, but actually with some instruction, that is something people could do.

Again, I don't think it's a replacement. I don't think that we should advocate everybody collect their own; we'd be talking about people essentially trying to do pap smears on themselves at home. I don't think that that's better than...

**Justin:** Sure.

**Sydnee:** But I—but is there a role for that in addition? Perhaps. Perhaps. So I think those are the only two things that I saw anything compelling, and it's early...

**Justin:** Right.

**Sydnee:** ... and I'm not saying it's a replacement, but I do think that there might be a role for that.

**Justin:** Can I tell people about my test that I got?

**Sydnee:** Yes. I want to hear all about your test, but first...

**Justin:** Ah.

**Sydnee:** ... the Billing Department.

**Justin:** Let's go.

[theme song, "Medicines" by The Taxpayers, plays]

**Justin:** You know, most dentists are gonna tell you that brushing less is about the brush and more about how you use it. Hmm. Interesting. Technique. Artistry. So important, even in brushing.

**Sydnee:** [laughing quietly]

**Justin:** [laughs] Quip was created by dentists and product designers to focus on what actually matters for your oral health: healthier habits. You know, the neat thing about Quip is that it's a toothbrush. They send it to you. That's not the neat part. I mean, it's cool that it's a toothbrush. If it was not, it would be a bad toothbrush. But uh, it pulses every 30 seconds to help you get to the two minutes that the doctors, dentists, they recommend you do.

You know the other thing? Speaking of healthier habits, you're supposed to switch these out every three months, you know, like get a new toothbrush. Who ever remembers to do that? Nobody does.

**Sydnee:** Not me!

**Justin:** Quip remembers for you. Because they send you new brush heads every three months, right on schedule. It's also great—it's a cool brush because it's great for travel. It's got a little holster that you can use, and then you take it off when you're traveling. It's a cap.

**Sydnee:** Not, like, to wear on your hip or anything. Not like that.

**Justin:** You gotta be real serious about oral hygiene before having a toothbrush holster.

Quip starts at just 25 dollars, and you can get your first refill free at [GetQuip.com/Sawbones](http://GetQuip.com/Sawbones). It's a good way to support our show, but more importantly to get you brushing better. Go to GetQuip, Q-U-I-P, dot com slash Sawbones, and get your first refill for free. Right now, Quip—sorry, [GetQuip.com/Sawbones](http://GetQuip.com/Sawbones).

You're feeling good about yourself. You got a clean mouth, thanks to Quip, but clean teeth ain't gonna mail the letters, folks. This is something that my grandpap said to me, and his grandfather before him, and so on and so forth.

But you don't have time to go to the post office. You're busy. You've gotta brush your teeth. You've gotta order more toothbrushes. You gotta tell people about how clean your teeth are.

**Sydnee:** [laughs]

**Justin:** You got a big [laughs] day planned, you don't have time to go to the post office. Luckily for you, the busy toothbrushing enthusiast, there's Stamps.com, which gets rid of the annoying trips to the post office. It brings the services into your home.

You can print official US postage for any letter, any package, any class of mail, anywhere you wanna send it. And once your mail's ready, you just hand it to your mail carrier or drop it in your mailbox. 700,000, that's five zeroes, small businesses already use Stamps.com.

Don't spend your holiday season at the post office. Everybody's nice there, it's great, but you just don't have the time. Sign up for Stamps.com instead; there's no risk. We got this promo code, "Sawbones," you get a special offer that includes a four-week trial plus free postage and a digital scale. There's no long-term commitments or contracts.

Just go to Stamps.com, and click on the microphone at the top of the homepage and type in "Sawbones." That's Stamps.com, enter "Sawbones." Stamps.com, never go to the post office again. Unless you want to. Everybody there is very nice.

Um, Sydnee, uh, I want to tell you about my uh, my Everlywell results.

**Sydnee:** Yeah. So do you want to tell everybody about the process?

**Justin:** Yes. They sent me a card with I think five circles on it.

**Sydnee:** Mm-hm.

**Justin:** And I had a—they had a little poker.

**Sydnee:** Lancet.

**Justin:** Thank you. And I lanced? Lanceded?

**Sydnee:** It's similar to like, uh, if you have to test your blood glucose level.

**Justin:** Yes.

**Sydnee:** Just poke your finger.

**Justin:** I poked my finger, and I milked the blood out. It was very—it was not pleasant, but I was a very, I think we can all agree, a big boy.

**Sydnee:** You were. You're very tough.

**Justin:** I'm very tough.

**Sydnee:** I gave you a Band-Aid afterwards.

**Justin:** Very brave. And I milked five drops of blood into this card, and I put the card in an envelope, and I shipped it back to 'em.

**Sydnee:** It's all—I will say that that end of it, it's all very easy to understand, easy to follow. Everything you need is right there. Like, the alcohol swab, the Band-Aid...

**Justin:** They texted me my results. We were actually having a Halloween party when I got my results back, so that was a thrilling... thrilling way to spend uh, this part of the party was learning about my food sensitivities.

Uh, tests you for a bunch of different foods, I think, right?

**Sydnee:** Ninety... four? Correct?

**Justin:** Okay. Yes.

**Sydnee:** 94, 96.

**Justin:** Um... a lot. I mean, around 100. Let's say that. And I uh, I had— [sighs] this is hard for me to admit, Sydnee, but I had high reactivity to two foods.

**Sydnee:** And what were those?

**Justin:** [sighs] Okay. I had a 135, which I don't need to tell you, as a medical professional, is high...

**Sydnee:** Mm-hm.

**Justin:** ... reactivity to... egg whites.

**Sydnee:** Uh-huh.

**Justin:** So that's... a lot. And then I had um... let's see, I had high reactivity to egg whites, and I had uh...

**Sydnee:** You also had high reactivity—

**Justin:** High reactivity, even higher, 144, and this one really hurts: cow's milk.

**Sydnee:** Uh, so they tested you for 96 different foods. You got two that you were highly reactive to.

**Justin:** Yes.

**Sydnee:** How many that you were moderately?

**Justin:** Moderately reactive to almond...

**Sydnee:** Mm-hm.

**Justin:** ... winter squash, which I'm gonna miss, and yogurt. Our friends in the UK might know it as yoghurt.

**Sydnee:** Mm. Mm-hm.

**Justin:** Uh, so...

**Sydnee:** Not a problem for you. It would be a big bummer for me.

**Justin:** Yeah. Not a big yogurt person. And then, you know, just the regular, mild reactivity to 29 different [laughing] foods.

**Sydnee:** And that's of the—there were 96 total. And uh, so Justin is... what they're telling him is that he is sensitive to these foods...

**Justin:** Yes.

**Sydnee:** ... and then what kind of recommendations do they give you based on those results?

**Justin:** So I can decide what's next. Um, I can temporarily cut the foods I'm reactive from, from my diet. Usually for a month, okay? So I would not eat any of those, I guess.

**Sydnee:** It gives you options. You can either go, like, full bore and eliminate all mild, moderate, and high-sensitivity foods, so for you it'd be like 34 foods...

**Justin:** Yes.

**Sydnee:** ... you can eliminate them all for a month, and then you slowly reintroduce them, like, one day at a time, and then see if you have a reaction to it, and if you don't, you can eat that. And if you do, then you know, you've found the culprit. Or, you know, there might be culprits.

**Justin:** Yes.

**Sydnee:** So you have to do it with all of them. Or you can do, like, a phase thing, where you only eliminate the high reactivity ones first...

**Justin:** Yes.

**Sydnee:** ... and then see. Or it has, like, another option where you just eliminate, like, one food at a time, basically.

**Justin:** Yeah. That is—it all—as a non-science person, that all seems wild. I mean, it just seems wild to me.

**Sydnee:** It's—I mean, here's the thing. If you were truly having a problem with a food...

**Justin:** Right.

**Sydnee:** ... eliminating it from your diet would make you feel better, right? So like, it's—the concept of an elimination diet is recommended, at times. I mean, by dieticians and medical professionals. The idea, though, that this testing is a reliable basis for doing it, is fundamentally flawed.

**Justin:** I mean, folks, if I wanted to remove my—if I wanted to get the mild reactivity foods in addition to the high—the other ones are already wild. Because I've had—I mean, if I could just say... I have—okay, so when I'm—I do the slow carb thing sometimes, which is a lot of eggs. Eggs every single morning, right?

**Sydnee:** Mm-hm. Yes. You eat a lot of eggs.

**Justin:** And if I'm not on the slow carb, I am having cereal every single evening! So I'm always eating one of these. [laughs] Every single day of my entire life. Has this been my problem? My entire life is my reaction to egg whites and cow's milk? I eat a *lot* of both of those.

**Sydnee:** Well, the problem is that the symptoms can be vague enough that most of us would endorse some at some time or another. So what they would tell you is, do you ever feel tired?

**Justin:** Uh, yes, I do. I have two children.

**Sydnee:** Do you ever feel gassy or bloated?

**Justin:** Yes. I eat at Fazoli's.

**Sydnee:** Do you ever have diarrhea?

**Justin:** Again, Fazoli's.

**Sydnee:** Maybe it's the food.

**Justin:** Maybe it's Fazoli's. The fact that they don't list Fazoli's on here is specious.

**Sydnee:** Do you have trouble with your weight? 'Cause they'll say that. They'll say, "Do you have trouble gaining or losing weight? It could be food."

**Justin:** Here's the thing. If I wanted to reduce my mild reactivity foods, I'm only gonna do this once, but here's what I would need to cut to just check this out, okay? For a month, I'm gonna—not only have I cut out—I've already cut out my beloved yoghurt and winter squash and almond and cow's milk and egg whites.

So I'm also gonna cut out, for my mild reactivity, barley grain, beef, blueberry, bran, cashew nut, cottage cheese, mozzarella, chicken, cinnamon, eggplant, egg yolk, garlic, ginger, gluten, kale, lamb, iceberg lettuce, white mushroom, mustard seed, oats, green pea, bell pepper, rye, soybean, sunflower seed, tuna, black walnut, wheat, and brewer's yeast.

What am I eating? Like, it's *wild*.

**Sydnee:** Summer squash. [laughs]

**Justin:** Summer squash, apparently. That's what I'm eating. And it's like, so I'm gonna do that for a month, and then I'm gonna reintroduce these foods, but like, I mean, it's so fraught with like, obvious, just like, logically, I



could have a bad—like, I could be sick the day that I reintroduce something. I could have not have gotten enough sleep.

**Sydnee:** Well...

**Justin:** Enough water. I could be depressed, because I have *depression*—I could be anxious, because I have anxiety. Like, anything could mess these up. Not to mention the fact that like, so I'm gonna reintroduce, like, black walnut. I'm—okay. I guess. For the first time in my life, I'll just see...

**Sydnee:** [laughing quietly]

**Justin:** ... if black walnut was the problem. Reintroduce that, so I can keep track of it.

**Sydnee:** So the—let me get to the real—part of the problem with this—'cause what you're thinking is like, well, whether or not it's hard to do, if these results were valid, it would be worth it. If you were truly having serious problems with one of these foods, it would be worth all the hassle of this diet.

The problem is the test itself. So just because they find, you know, a lab test says you're sensitive to something, the lab has to—the test has to be looking for the right thing. What these tests are looking for is an antibody called IGG. And it's—there is an IGG for each of those 96 foods they test for.

**Justin:** Okay.

**Sydnee:** So your egg white IGG was high, is what they found. That's how they told you that you were sensitive to it. And what they're saying is that you are generating these antibodies to egg whites, and they are an indicator that your body has a problem with egg whites.

Now, the problem is, that these—that sounds sort of right, but these are not—there are different IGs. IGGs just mean you've had egg whites before. That's all it really means.

**Justin:** Mm-hm.

**Sydnee:** There has never been any test that shows a correlation between having a food sensitivity or intolerance or, certainly, allergy, and your level of IGGs to the food. So the test is flawed, and built on evidence that just doesn't exist. IGGs are not a reliable way of telling you how you would react to a food, good, bad or indifferent.

*IGEs*, which are a different kind of antibody, are generated when you have an allergy to a food. So there are real tests that allergists and doctors and dieticians and people can do to tell you if you are allergic to a food. And it looks for an IGE. And it's—

**Justin:** So you're saying that if I was—if I was, like, lactose intolerant, is that an allergy? That's an allergy, right?

**Sydnee:** No, it's an intolerance.

**Justin:** Okay. Let's say I was allergic to... let's say I had celiac, right? and I was allergic to gluten.

**Sydnee:** Yes. A true problem with gluten, yes.

**Justin:** That this test would not... tell me that?

**Sydnee:** No, they're not looking for the right thing for that.

**Justin:** Okay.

**Sydnee:** No. There are tests for celiac, real tests. This is not it. This is a totally different thing.

This testing that they're doing, IGG testing, the American Academy of Allergy, Asthma, and Immunology and the similar bodies in Europe and Canada have all rejected food-specific IGGs as a way of predicting food intolerances or sensitivities or allergies or anything else. There is no—like, medical organizations have come together and said, "Do not do these tests, doctors. They will not give you accurate results, they do not mean anything,

and you are going to advise your patients to eliminate things that they probably don't need to."

**Justin:** It's worth noting, the Everlywell ads that were surfaced to me after I bought this on Facebook, there was like a confessional from just some unnamed person talking into the screen that said, like, uh, you know, "The doctor said that I was completely clear on food allergies, and then I learned from my Everlywell test, I'm actually allergic to these things. And now that I've cut them out, I feel so much better." And it's like, well, I mean... okay, but that has no...

**Sydnee:** Well, those testimonials...

**Justin:** First off, you're a paid spokesperson.

**Sydnee:** Yeah.

**Justin:** And you probably—you may not have even actually had this done. But also, like, you're not—what if you aren't? I mean, what—

**Sydnee:** Testimonials have been the mainstay for snake oil salespeople and fake treatments and diagnostic tests forever, because anybody can say anything. And there's—you know, there's something to be said for, a lot of the times, if we think we're having problems with food, maybe we're not eating a very healthy diet. We're not getting a wide variety of fruits and vegetables and fibers, or enough of any of the things we need. Maybe we're eating too many like, I don't know...

For me, if I eat a lot of, like, greasy, fried food, I don't feel very good. And so I try not to eat a lot of that. But I'm not sensitive to the foods; I just—I should eat better. I should eat more salads. [laughs]

**Justin:** Right.

**Sydnee:** And when you start doing these elimination diets, a lot of the time, they necessitate that you pay a lot more attention to the food you eat, that you cook more, that you—I mean, I think that they do a lot of things

that are probably gonna make you feel better without it really being anything to do with the testing.

But just to really understand this, I'm not just pulling this out of—I'm not just saying, like, "Don't trust 'em 'cause they're trying to make money." This IGG testing does not mean anything. There are doctors out there who order it, and they're wrong. I mean, they're wrong too. They're just as wrong as Everlywell is.

Um, if I—to make this really clear, let's say—let's take a food that I love, okay?

**Justin:** Soup?

**Sydnee:** Well, I was gonna use Neccos.

**Justin:** Okay.

**Sydnee:** I love Neccos. I eat Neccos a lot.

**Justin:** Necco Wafers.

**Sydnee:** Necco Wafers. If you—

**Justin:** Folks, it's wild.

**Sydnee:** I love Necco Wafers.

**Justin:** No one likes these things.

**Sydnee:** And if I ate Necco Wafers for breakfast, and then you checked my blood later, you would find a lot of Necco-specific IGGs in my blood. Okay? 'Cause I ate them. I was exposed to them, so you find them. It's the same as whatev—like, an illness you would be exposed to and then you would find antibodies to it, you would find Necco antibodies. There aren't really Necco antibodies, but you get the idea.

This is not a problem that you found them. It doesn't mean anything. You could say, "Aha, you ate some Neccos!" and I would say, "You saw me. I ordered many bags of them." [laughs] Anyway...

**Justin:** You're so afraid of the company—'cause they got shut down, you're afraid of shortages, so she stockpiles them in our home.

**Sydnee:** I do. If you found a Necco-specific *IGE* in my blood, that would be very sad for me. 'Cause that could mean—or would mean, I'm allergic to Neccos. And when I eat them, I'll get, like, a rash, or an anaphylactic response, and stop breathing. But I probably would've known that already, because of the not breathing when I eat the Neccos.

**Justin:** [bursts into laughter]

**Sydnee:** So the thing that they're testing for, it seems very similar, but it's not the same, and there is no accredited medical body that says you should use this kind of testing for food sensitivity.

So the problem is, people get these tests done, they try to follow the results. Most of them tell people that you're either allergic to dairy or gluten. Those are the big results that they usually—or not allergic, sensitive. They usually try to tell people that, and so people will go on very restrictive diets, try to eliminate all this stuff. They might feel better; they might not.

They get frustrated eventually, they go to doctors and dieticians and they start asking for advice, and then you have someone telling you, "Actually, that testing meant nothing. You wasted your money, and then you've been miserable all this time for no reason, trying to do these diets, because they're based on nothing."

And nobody wants to believe they've been ripped off. So now you don't know if you can trust Everlywell, you don't know if you can trust doctors, you don't know who to trust, and you might still feel bad. And you're out, what—I think these tests are like 159 dollars, or 169 dollars?

**Justin:** Oh, no, Syd!

**Sydnee:** I don't know. They're expensive. And that's the problem, is that this is a—this is not healthcare. It is a health business. And so while—it's interesting, if you read into how they do this, there is a doctor who ordered your tests.

**Justin:** Oh, yeah?

**Sydnee:** Everlywell has a doctor in each state, or maybe multiple, I don't know, who are responsible for ordering the tests. And what they say is—

**Justin:** Here's the weird thing. West Virginia? It's Sydnee. Like, isn't that wild?

**Sydnee:** [laughs] I don't know who it is. I don't know who it is in our state. It's definitely not me. But like, when you request the tests, they say that they make—the doctor makes sure it's appropriate and orders it for you.

**Justin:** [mouth noise] Braaaaaaaaaaaaap.

**Sydnee:** The results get interpreted through the doctor. And they say that you—you may be able to access the doctor for treatment, if it's something like a Sexually Transmitted Infection, or like, they may offer you treatment. I don't know. It's worded in a way that is not...

**Justin:** Yeah.

**Sydnee:** ... there's—there's wiggle room. But I—and I think that they will call you, like they'll reach out to you directly if they get some sort of what they consider, like, a "critical result" in something. Um, I don't know what they would do, other than tell you to go to the hospital or the doctor, depending on what the critical result was.

There is a doctor somewhere in this process, but I don't know who it is, or what they're doing, or...

**Justin:** [sarcastically] I'm sure they're paying very close attention.

**Sydnee:** Right. It's a very weird—it's very weird. And I think, Justin, what you said is right. The system in our country is broken. It's broken, I agree. And the idea that you need to take it into your own hands, I can see why people feel that way.

I can see why I would think, like, "Forget this, forget the insurance companies, forget the hospitals, forget the doctors, forget the Big Pharma, forget 'em all. I'm just gonna take it in my own hands, I'm gonna get my own lab results, and I'm—I don't—" you're still gonna have to get a prescription for stuff, but [laughs] I can see people wanting to do that. But that is not the answer.

I can see that reaction, but the answer is, we have to fix this system. You still need people, just like—there are a number of things in my life that I am not an expert on, and when they go wrong, when they break, when something is—you know, I go and seek help from an expert who's been trained and taught and educated in that area, in that field, and I get them to come help me.

Because I don't know, and I would never be so bold as to say, "Well, I can Google it and figure it out on my own." I'm gonna go to an expert. Healthcare should be that same way. But you have to be able to trust the doctor, and trust the system, and trust it, and nobody trusts it right now.

**Justin:** Yeah.

**Sydnee:** And the prob—that's what we have to fix. This is not the fix. This is just another way to capitalize off of people who are scared and sick.

**Justin:** Syd, I'm starting to worry. Maybe capitalism *isn't* the answer.

**Sydnee:** [laughs quietly]

**Justin:** Which is hard for you and me. Huge fans of this system, of capitalism.

**Sydnee:** I think at the end of the day, I mean, it—I read a lot of articles about this comparing it to Theranos, which we did a...

**Justin:** Oh, yeah.

**Sydnee:** And I have no evidence that—I mean, I think these people are using, like—they use, like, 11,000 different labs throughout the country. So they're not using the, like, fake technology that Theranos... claimed they were using [laughs] that really didn't really exist. So they're doing actual labs for the most part, as far as I can tell. I mean, it's so hard to tease this stuff out.

**Justin:** Yeah.

**Sydnee:** But I do think that like, this idea that this is... this is the answer, I mean, similar to Theranos saying "This is the answer to healthcare," this is not the answer to healthcare either. This is gonna take you down a false path.

**Justin:** Folks, thank you so much for listening to our program. We hope you got something out of it and, you know, share—share with a friend. You know, this—if you've ever seen ads for any products like this on Facebook, maybe you should put this on *your* Facebook, or respond to people and say, "Hey, check this out! Listen to this. You might want to listen to this before you uh, start spending a lot of money on food sensitivity testing, or any at-home testing, I guess."

**Sydnee:** No, I would—if you are really concerned, because there are people with food sensitivities and, of course, food allergies, you should go see—you know, talk to a dietician, talk to a doctor, a primary care doctor can help you out. Maybe you need an allergist. There are lots of people who are trained in these areas who can help you—you know, gastrologists who can help you get the testing you need, so that you can actually feel better at the end of it, and not pay a bunch of money for something that... may not help you at *all*.

**Justin:** If you wanna uh—that's a great way to share the show, put it on Facebook. If you wanna uh, rate and review this show on Apple Podcasts, which is what it's called now, or anywhere podcasts are distributed, that would be great.



We have a book. It's called *The Sawbones Book*. It was written by us, and illustrated by Sydnee's sister, Teylor Smirl. And you can find it where books are sold.

I want to say thank you to The Taxpayers for the use of our songs, "Medicines," as the intro and outro of our program. And thank you to you for listening! I very much appreciate you. That is gonna do it for us for this week, so 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, "Medicines" by The Taxpayers, plays and ends]

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[bright piano music plays in background]

**Janet:** Hi, I'm *The JV Club Podcast's* Janet Varney, and I used to suffer from indecision. I couldn't choose between Star Wars and Star Trek, whether to call or text, or the best way to cook my eggs. But now, thanks to my weekly dose of *We Got This* on Maximum Fun, my decisions are made for me. Thanks, Mark and Hal!

**Announcer:** Warning: *We Got This* may cause shouting, phone throwing, the illusion that the hosts can hear you, laughter on public transit, and death.

**Speaker:** *We Got This with Mark and Hal.* We know what's best.

[piano music ends]