Sawbones 314: Revenge of the Weird Medical Questions

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Clint: 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 co-host, Justin McElroy.

Sydnee: And I'm Sydnee McElroy.

Justin: Syd, it's that time again. It's time when you and I can… y'know, I think these are fun. And I think that these are usually the most fun I have doing episodes. Sometimes. I love to learn, I love to grow, I love to be scared.

Sydnee: You do.

Justin: And sad.

Sydnee: The adrenaline rush. And sad? Wait. Wait, wait, wait.

Justin: [laughs]

Sydnee: Scared? Okay. A lot of people enjoy that. But sad?

Justin: Often sad. Listen, I'm just saying, sometimes the episodes – the 'sodes, as I call them – make me sad, or scared, or unhappy. But…

Sydnee: [sings] It's okay to feel sad sometimes.

Justin: [sings] To feel sad sometimes. [normally] Um, and it is. But not today.

Sydnee: Daniel Tiger says that. Not us. I mean, we agree.

Justin: Not today. Today, we are gonna have some fun, and answer your weird medical questions.

Sydnee: Weird medical questions.

Justin: It's a segment we like to call… Weird Medical Questions.

Sydnee: [simultaneously] Weird Medical Questions.

Justin: Alright, here's our first one from Linea. "I had my daughter almost 11 months ago, and I can still occasionally feel the sensation of baby kicks. Some quick Googling has informed me that they are probably phantom kicks, and they can stick around for quite some time. Why does this happen? Is it pretty common? Does it ever get less unsettling?"

Sydnee: I am so glad that Linea asked this question, because I'll be honest… I have experienced these. And I didn't know that it was a… I didn't know it was a thing. I don't know if you remember this, Justin, but I actually experienced it to the extent that I had a momentary freak out.

Justin: Mmm!

Sydnee: Do you remember this?

Justin: Yeah, where you thought maybe…

Sydnee: Where I thought maybe I was pregnant again.

Justin: Somehow.

Sydnee: And I didn’t know how that was…

Justin: See, I said I like being afraid, and now you brought up this little Sawbones chiller. Thinking of having another child.

Sydnee: Now, you knew about this.

Justin: I know, but just the idea, Sydnee, you're sending me into a panic spiral, thinking about a third kid. [sighs shakily]

Sydnee: And it was very much… I mean, Justin, of course, we've discussed extensively, has had a vasectomy. I had no reason to think I was pregnant. Uh, but my periods are pretty irregular, so you never know. And then I thought, well, could I have not known so long that the quickening has already occurred? There’s no way.

So, I have experienced these kicks, and they really do feel… I mean, in my experience. My of one. My own of one. Exactly like it did, uh, early, when you start feeling the baby move. Not like the later kicks, like, towards the very end, where you can like, see the foot or the hand through the belly. But like, those early little flutters? Definitely felt that way.

And apparently, in—there aren't—there isn't a lot of research on this.

Justin: Surprise, surprise.

Sydnee: Yeah. Primarily affects women, so… there you go. [laughs] Uh, but if uh, in the limited studies that they’ve done on this phenomenon, they’ve found that about 40% of pregnant people report that this has happened to them. And it can vary from like, once or twice a year to daily, for some patients.

Justin: Wow.

Sydnee: It just depends. So it’s pretty common. For most, it lasts, on average, about six point eight years after delivery!

Justin: Hatchi matchi!

Sydnee: A long time! Uh, one person reported that it lasted 28 years.

Justin: They were probably making it up. Don't you think they were pretending for attention?

Sydnee: Why, Justin? Why would she lie?

Justin: I just—no no no. I misspoke. Um…

Sydnee: [laughs]

Justin: Let me start over.

Sydnee: I would. [laughs]

Justin: I was just kidding. It was just a joke, Syd.

Sydnee: I know. I know.

Justin: Uh, so, no answers there. No good—no hard answers from science.

Sydnee: Why does it happen? Our best guess is that, it could be some sort of, uh, akin to what we think of as like, phantom limb syndrome, after someone has had an amputation, and they still continue to feel their foot or their hand or whatever.

Uh, there's been—there was so much increased innervation, so many more nerves in the stomach, like, in the abdominal wall during pregnancy, that perhaps, like, afterwards, removing that sensation of the baby moving inside, you'll still feel it. So it could be akin to that.

Other people thought maybe it's just like—you've experienced it before, so now, when you have a feeling from something else physiologic that feels that way, your brain is gonna link it to that. So maybe it's more of like an

error of attribution kind of thing. But um, it could—I mean, it could very well be a neurological phenomenon. I have experienced it, too. It's very strange.

Justin: Uh, okay. "You often hear that the pee of a diabetic smells sweet, because they can't process sugar, or that you can smell it in your urine after eating asparagus." I love that. Uh, but often—

Sydnee: I know you do. That's the strangest thing that you—

Justin: I do. It makes me so proud of myself. It's like a good reminder of how good I was.

Sydnee: But it doesn't bother me, but it also is not—it's not like something that I'm like, "Yaaay!"

Justin: But you feel proud. Like, "I did eat a vegetable! You're right, body! Thank you for reminding me!"

"Often after I eat a flavorful meal, like Indian food, Cuban, or something else with a lot of spices, my pee smells like whatever I recently ate. It's certainly more pleasant than the standard bathroom smells, but it's certainly odd. What's going on?" That's from Erica.

Sydnee: So, Erica, there are actually a couple other foods that, for most of us, are gonna make our urine smell different. Uh, most notably, fish can. Garlic can, and onions can. So you said a lot of like, spicy foods. It makes sense that you might be noticing that association, because those three, in particular, have been noted to leave a similar smell in the urine.

And it just has to do with what kind of like, volatile compounds are in the food that your body processes, but still comes out through the urine. If they're still in there, those things that release the scent, you're gonna smell the food that you ate. So, if it's things like that, it could just be that simple, that you're just—you're noticing those specific compounds.

On a side note, this probably has nothing to do with what you… what *you* are experiencing, but just urine odors in general. There are a whole collection of

metabolic conditions – now, you would know about this from birth, so this isn't something that's been missed – that can cause your urine to smell a variety of ways. Most notable is maple syrup urine disease, which, as you may guess, makes your urine smell like…

Justin: That is a wild name for a disease.

Sydnee: … maple syrup. [laughs] There are ones that can make your urine smell like sweaty feet. That's what… that's how it's described. Sweaty feet.

There's a whole variety, but those are all things that you would—you'd find out, like, from the jump. They're problems, genetic, in-born errors. But generally speaking, if this is something that always happens, and you're totally fine, otherwise, you're probably just noticing like, garlic or onions or something. But it is important to note that there are, uh, a variety of other things, like urinary tract infections, or some sexually transmitted infections. Those kinds of things, that can change the odor of your urine.

Diabetes is another thing that you've already mentioned. So if you're concerned at all, if you're worried about anything, if you're having other symptoms, and you also notice that your urine has changed odor, you may want to go get checked out by a doctor. But otherwise, it's probably just something like garlic or onions.

Justin: I got one from Anders. "Does putting a Band-Aid on after a shot actually do anything?"

Sydnee: Justin, what do you think?

Justin: Uh, my guess would be, it keeps its… I mean, maybe very slightly, because it is a point at which germs could get in. It's a hole in your body. But I think, by and large, it just like, one, lets people know that you got a shot, and so, they can feel bad for you. Or proud of you, if it's a flu shot. Or two, it like, just, in case there's a little dribble of blood. That's gross. It'll get on your shirt. It's nice to get that little drop of blood off.

Sydnee: That's really probably the most useful thing that a Band-Aid does. After we give you a shot, uh, some people, if you're on a blood thinner or something, you might actually have a few… a little bit of oozing. But for most of us, maybe a drop or two. Either way, you don't want it on your sleeve, and you don't want to walk out with your sleeve rolled up, just kind of oozing blood. Even if it's just a teeny, teeny bit.

Justin: Mm-hmm.

Sydnee: That's unpleasant. So, that's really it. There really is no other function. It's not doing… don't ever tell my kids, but it's not actually making it better. [laughs]

Justin: Karen wants to know, "Why do skin tags happen? Is there any safe way to remove them?"

Sydnee: So, skin tags are very normal. About half of adults report that they have a skin tag somewhere. Um, they're usually just at points of like, friction. Somewhere like in a… a natural point of friction on your body, because of like a skin fold, or a joint or something like that. Or, due to— where clothes might hit you and cause friction.

It's just an overgrowth of skin. It's just like collagen and vessels and things get trapped in a little bit of skin growth, and you get this little… what we call pedunculated. That means it's on a little stalk.

Justin: Pedunculated?

Sydnee: That's a fun word.

Justin: That's very good.

Sydnee: Yeah, it's a good word. Uh, but it's a little stalk, a skin tag. Uh, they typically are absolutely no big deal. Nothing to worry about. But a lot of people don't like them. I can tell you, in my experience as a physician, a lot of people come and ask to have them removed, just because they don't like them. Y'know, for cosmetic reasons.

And if they do get caught on something, depending on where they are… y'know, I mean, they can.

Justin: [hisses through teeth] That's rough. I've been there. That's rough.

Sydnee: That can happen, and that can be irritating. So, uh, for those reasons, some people do seek to get them removed, and we can do that pretty easily in the office by either numbing them with a little bit of Lidocaine, some local anesthetic, and then clipping them off. Or I actually have some patients who have just said, "Can you just clip it off real fast?" Because the stick and the burn of the Lidocaine is actually worse than the feeling of the—if they're very teeny, of the snip.

Justin: Right. Just... yeah, the snip. Ugh.

Sydnee: What I would say is, if you want them removed, go talk to somebody to do it under sterile conditions so you don't end up with like, infection or a lot of bleeding or something. Because even though I have patients who try to twist 'em off, or—

Justin: No! Stop it! This is supposed to be a fun one!

Sydnee: I know. And you could probably get away with that a lot of the time, but then, that one time, you end up with a skin infection, or you end up with it bleeding and not stopping… then you're in trouble. So just, y'know. Come talk—that's something, as a family doctor, I did that all the time. Certainly, dermatologists can, too. But most primary care doctors can handle that for you.

Justin: "I work as a custodian, and a few months ago, I got a rash on my hands, mainly covering my fingers where my skin became covered in itchy bumps that oozed clear fluid when popped." Ha. Woof. Movin' on. "I talked to a dermatologist, and he told me it was a kind of dermatitis caused by washing my hands too much. I was wondering, have you ever had to deal with this being a doctor needing to wash your hands a lot, too? Do you have

any tips for avoiding damaging my hands any more while also remaining hygienic? Thanks in advance." Sarah.

Sydnee: So, this is—this is actually—not to the extent that you're describing, Sarah, but this is actually a very common problem in my experience among healthcare providers, because we do wash our hands a lot. And a lot of us tend to use the alcohol-based hand sanitizers a whole lot, and that's especially drying to the skin. So while I've never had a dermatitis to the extent that you've described, I have had very dry, cracked, scaly skin, and I know a lot of my colleagues have as well from the frequent hand washing.

Number one – and this goes for me, too – we should probably, whenever possible, wash with soap and water. Um, one, because if there is any like, visible debris or oils or anything, you actually do a better job getting your hands clean with soap and water than you do with a hand sanitizer. So it's always—it's actually always preferable to use, if you can. I mean, if you're in a situation where you can use soap and water, do that.

If all you have is hand sanitizer, of course, that's fine. But um, but soap and water is probably better for the hands than the hand sanitizers are. So, that's one thing.

Um, for your condition in particular, I'm betting the dermatologist may have recommended certain, like, medicated ointments or creams, and that's not for everybody. Moisturizing is what the rest of us can do. So, whenever you can. Especially maybe after you've just gotten out of the bath or shower, and your hands are damp, not wet, but a little damp. Putting on a heavy duty, unscented moisturizing lotion.

Doesn't have to be anything fancy or expensive, just something heavy duty moisturizing, unscented, for most of us, can help alleviate that problem. And just keep it up, even if your hands aren't feeling dry, especially through the winter months when you're gonna be washing your hands a ton, and the air is very dry. That moisturizing can help a lot.

I wanted to take this opportunity to note, real fast, that knowing how to wash your hands appropriately is really important *always,* but especially right now. We're all talking about it. You should do this all the time. There's a whole campaign from the CDC called Life is Better with Clean Hands. I didn't know they had a hand-washing campaign.

Justin: Charming.

Sydnee: But they do. So if you want to go to the CDC.gov/Handwashing, and then, when, how, hand wash—they have a—they have an entire section on washing your hands, and how to do it, and like, promotional materials and pictures you can look at.

But like, generally, I think most of us know, before, during, and after you prepare food, before eating, if you're taking care of somebody sick, you want to wash your hands. After you go to the bathroom. If you're taking care of like, a cut or a wound. Around animals or garbage, or if you blow your nose or cough or sneeze or change a diaper… anything like that. You need to wash your hands.

And the five steps – wet your hands with clean, running water. Warm or cold is fine. Then apply the soap. Lather your hands by rubbing them together. Lather the back of your hands, between your fingers, your nails. I saw a really great video online where somebody practiced with paint, so that they could see how to make sure they didn't miss any spots, and what the common spots are.

Justin: Mm.

Sydnee: You scrub your hands for at least 20 seconds, and as I think most people know, what song can you sing?

Justin: [sings] Somebody once told me the world was gonna—

Sydnee: No. That's…

Justin: It works! Let me finish! Some—time me!

Sydnee: Okay.

Justin: Watch the timer. You watching the timer?

Sydnee: Watching.

Justin: Okay. [sings] Somebody once told me the world was gonna roll me,
I ain't the sharpest tool in the shed. [spoken] I started low.
[singing] She was lookin' kind of dumb with her finger and her thumb,
In the shape of an L on her forehead. Well…

[spoken] And right at 'well'!

Sydnee: Okay. Actually, 20 seconds. 20 seconds. Okay. I was gonna say Happy Birthday, but if you prefer All Star by Smash Mouth…

Justin: And who doesn't?!

Sydnee: [laughing] Uh, for—

Justin: Thank you to whoever pointed that out on Twitter, by the way. What a delight. What a delight. Now I'm finally washing my hands. It seemed pointless.

Sydnee: By the way, you have to sing Happy Birthday twice. So maybe that's another reason why you wanna do that song instead. You have to sing Happy Birthday twice to hit the 20 seconds.

Justin: Blugh.

Sydnee: Rinse your hands with clean, running water, and then, dry your hands using a clean towel, or air dry them. If you do use hand sanitizer, which, of course, we've talked about why it can dry your hands. But if that's what you got, use hand sanitizer. Uh, it is fine to use if you don't have soap and water.

A big thing is, you apply it. Make sure you cover your hands. Rub your hands together, all over the surfaces until they're dry. Hand sanitizers are working when they're dry. If you slap it on your hands and then go touch somebody while they're still wet…

Justin: Not working.

Sydnee: It hasn't done the job yet. You can read more about hand washing at the CDC. Uh, CDC.gov, if you need some more info.

Justin: Uh, let's see here. Um… "When I was a kid, my mom, one way or another, got a cut on her leg. It bled a lot, but eventually stopped. This would've been a totally normal and forgettable thing if it hadn't turned into a monstrous bump on her leg full of blood. It looks like a mole. We thought it was a blood blister, but it's been ten years, and it's still there. She named it. It's called Fred. Why is Fred?" And that's from Lindsay.

Sydnee: I love these questions. One reason I love these episodes is that I learn things. I had not—so, I read this, and I thought, "Hm, I don't think I've ever encountered this. Let me look into this." There is something called a chronic expanding hematoma. It typically happens in an extremity like a leg, and usually, there is some sort of history of trauma. Maybe a cut or, y'know, some sort of contusion. A bruise or a bump or something.

But it's not really clear if it's linked to what happens, which is, you get like a collection of blood underneath the skin. That's a hematoma, right? That's what that is. That's what that word means. And it continues to grow instead of just being absorbed by your body, and gets bigger, and then sometimes, just gets big and stays there for a really long period of time.

It probably has to do with it actually developing its own sort of blood supply in there. So instead of it just being like a fixed collection of blood that slowly gets smaller, more blood could be getting added to it, and then it kind of gets to like a balanced point where this is as big as it's gonna be.

But anyway, this sounds to me, without looking or knowing anything else about your mom… [laughs] … that this could be a chronic expanding hematoma, which you don't really need to do anything about, but now you know, why is Fred.

Justin: That is why is Fred. And uh, right there, we're gonna take a quick break. We're gonna head on over to the billing department, and we'll be right back with some more questions.

Sydnee: Let's go.

Justin: Let's go!

[theme music plays]

[advertisements]

Justin: Let's waste no time. Let's get back into it. "I got crazy sick with a virus last year. I spent ten days in the hospital with a fever of just under 105." Woof, that's tough. "An allover body rash, migraines, puking. I was ruled out for meningitis, Lyme disease, measles, every infectious disease known to man – felt like it, anyway – Stevens-Johnson syndrome, and who knows what else. Completely boggled all the docs, never figured out what it was. A week or so after I got home, my hair started falling out by the handful. What the heck? Why? It grew back after a few weeks. Thanks." Donna.

Sydnee: So Donna, the detective in me really wanted to try to puzzle out what exactly you may have had. Um, but there is no way I could possibly do that from this information, and that also would not help you at all with your question.

Justin: It will keep her up at night, though, trying to puzzle that out in her head.

Sydnee: [laughs] I will keep thinking about it, Donna. So I will not attempt to do that. I am just glad that you are okay, and that you made it through

that awful ordeal safe and sound. Uh, the hair falling out is probably not a clue. Your hair can fall out in response to any kind of extremely, like, stressful, especially like, physical event, like an intense illness. Like a severe illness. It's one that put you in the ICU. Any kind of episode like that caused by whatever the mystery illness was can result in you having hair loss afterwards.

So, um, whatever the sickness is, unfortunately, that can be a consequence down the road. I am sorry that that happened. I'm glad that it did grow back, but it probably will not clue us in as to what the answer was.

Justin: Uh, this is a wild one. I've never heard this. "Is it true that novelty black foods, like the black dyed treats that come out around Halloween, can mess with medications that you're on due to the charcoal content?" And that's from Stephanie.

Sydnee: This is an interesting question. I had to look into this, too.

Justin: It sounds like a—like, it sounds like a fable to me.

Sydnee: So it… y'know, activated charcoal is something that we can give you to bind with medications, specifically in poisonings or overdoses, or with certain substances. It does not work for everything. But there's certain things that you can administer activated charcoal by mouth, and it will bind with the substance and help pass it through this system so that you aren't poisoned.

Justin: Looks like November 10th, 2017, episode 208 of Sawbones.

Sydnee: Yeah, we did it all on charcoal. So you can learn more about the uses of it medically, in that episode. But um, this is interesting, because if we do have like, foods… like, I've seen ice creams that this is popular with, where they have charcoal in the mix, so that they're black, and they're very striking. And so, I think they were very trendy for a while there, to eat foods like that. Um, or to make… y'know, if you're like an artsy chef, baker, to make them like that.

Um, the—from what I have seen, there is no solid proof that this could work. Like, there's no evidence. Nobody's had a case of this that I could find, where they had an—where it seemed like this had actually happened. Certainly, nobody's like, studying that right now. But, theoretically, if there is charcoal in the food, and you ate enough of it, I think it is theoretically possible that it could inactivate a medication.

Specifically, the one I was reading about was a birth control medication. And someone was saying, "Well, I think if you ate this ice cream that has charcoal in it like, twice a day, every day, for weeks… possibly."

Justin: Maybe.

Sydnee: It would bind enough of the birth control, and it would lose it's effect.

Justin: Whoa.

Sydnee: [laughs]

Justin: The scares just keep on comin'. I ate too much ice cream, and now I have a third kid! Nooo!

Sydnee: I have no proof that this happens, and I think that if it's a one-off, you eat one of these novelty black foods one time, I have no reason to think that. But if you're concerned at all, if you're on medications that have like, a very narrow therapeutic range…

Justin: Just eat regular foods.

Sydnee: Just stay away from them. But again, this is all very theoretical. We don't have any cases of anybody having been harmed by eating charcoal food. [laughs] Charcoal dyed food.

Justin: Uh… sounds gross. "Why is earwax an orangey color, when most of our bodily juices, like snot, saliva, et cetera, are devoid of color if healthy?" That's from Keely, who is grody to the max.

Sydnee: Nah, this is not—earwax is important. Everybody—Justin, can you answer me why everybody's so freaked out by earwax? Everybody's always wanting to take their earwax away from themselves.

Justin: It feels bad. It feels like your body is doing something gross, and you just discovered it, and your body's been doing it behind your back, secretly, hiding in this little cave, toiling away, making—forcing you to produce wax. It's grody.

Sydnee: Wax isn't gross.

Justin: And it's satisfying when you finally use that, y'know, ball point pen lid to get it out.

Sydnee: [groans] See, now I'm scared. I—oh. I hate—please stop putting things in your ears, everyone! Everyone listening, don't put—

Justin: Especially Justin. [laughs]

Sydnee: Don't put things in your ears. Anything smaller than your elbow does not belong in your ear. You could push the wax further in, you could puncture your eardrum. Probably you won't, but you could. Don't do it. You can scratch the inside of your ear canal and get an infection.

That is not the question, though. Um, earwax, which is totally normal, and you're supposed to have some in there because it keeps the ear canal lubricated, and it also protects you from like, bugs crawling in there and things like that.

Justin: Sure. Important.

Sydnee: Um, earwax can range—

Justin: There's literally no other defense from bugs crawling in there.

Sydnee: [laughs] Earwax can range from like, a really pale… actually, almost like, whitish, clearish, yellowish color, to orangish, to dark orange. And all of those colors are normal. And some of that depends on what is in the earwax. Like, how long has it been in there, and how much bacteria and skin cells and oil and sweat and all that has it collected? And the more of that that it collects, the darker, more concentrated it might look. And so, it's gonna… it's gonna have more of a color to it.

There are also genetic differences that determine what color your earwax is, how dry or wet your earwax is, how… like, you could have like, little crystally bits, or it could all be gooshy and waxy.

Justin: Crunchy style. Creamy.

Sydnee: The smell of your earwax is determined by genetic factors. There are certain compounds that your genes decide if you produce or not. Earwax is a fascinating science. [laughs] And there are tons of different genetic factors that determine why your earwax is exactly like your earwax is. Kids produce more than adults, but some produce more their whole life.

Justin: I have to cut you off.

Sydnee: Fascinating.

Justin: I have to cut you off.

Sydnee: But it's all the stuff in there that usually makes it different colors. If your earwax is any other colors, you should go get it checked out. Like, it is not, under normal circumstances, going to turn green, um, black… y'know, if it's anything other than a variety of clear to yellow to orangish to dark orange, y'know, have a doctor just take a look.

Justin: "I've been living with a yeast infection for about two years, not knowing what it is I had. I had thought that, if anything was wrong with my body, it would've been detected by a pap test. I was recently disabused of this idea after speaking with my doctor, and I've since treated the infection,

but it got me thinking: what medical tests are commonly mistakenly assumed to work beyond their actual function?" That's from anonymous.

Sydnee: Uh, so, I thought this was a great question, because this is actually something I've come across a lot in my practice is, um… specifically, we do—we often will say something like, "I want to do some blood work," as your physician. We might say, "Well, I just want to order some blood tests on you."

And I don't always… I'll tell you the general ideas of what I'm looking for. But not… I mean, unless you ask. If you ask, I'll tell you whatever you want to know. But sometimes I don't drill down into all the specifics. And I have a lot of patients who assume that the blood work, especially if it's like their yearly blood work, checks for anything that could be wrong with them. And that if there is any kind of medical problem…

Justin: It'll show up in there.

Sydnee: It'll show up in that blood work. The one I get asked about the most is probably cancer. I have a lot of patients who will say, "Well, we know I don't have cancer, 'cause you did that blood work, right?" And it's like, well, I can't… there is no one blood test that can check for all cancer. And a lot of people are taken aback by that idea, that like, the tests I do might look normal.

Justin: Mmm.

Sydnee: Despite the fact that there's a problem. So I think that happens a lot, actually. The pap smear is another example of this. I have a lot of patients who assume that, when the pap smear is performed, anything that could be wrong in that region, whether it's a yeast infection, or bacterial vaginosis, or a sexually transmitted infection… anything like that will show up on the pap test. And occasionally, depending on who's reading the results, occasionally, somebody will mention if they happen to see one of those things. So, I guess that makes it even more convoluted.

Occasionally, I'll get that back in a report. Like, everything looked normal in terms of, we were looking for, y'know, cancerous changes or precancerous changes. Nothing like that, but we did see some evidence that looked like bacterial vaginosis. Occasionally, that'll come back. But not always. And if they don't mention it, it's not 'cause it wasn't there, it's just, they didn't happen to see it, or maybe they weren't looking for that. But this happens a lot.

Justin: "I'm a nurse, and I've noticed that certain elderly patients get thick, twisted toenails. Why is that? Anecdotally, I haven't noticed any common diagnoses, diabetes, PVD…" What's PVD?

Sydnee: Peripheral vascular disease.

Justin: "… et cetera, which every patient with gnarly toenails has. Today I had a patient whose toenails, thanks to Betadine on his feet turning them orange, looked like small Cheeto nubs. Crunchy, not puffy. I hate feet." Elise.

I think Elise, at one point, your question just started turning into you complaining about feet.

Sydnee: [laughs]

Justin: I noticed that happen.

Sydnee: Uh, I think the specific kind of toenails that you are talking about… although, uh, thickened nails, like, nails becoming hypertrophic, like, just thick. And this is something a lot of people actually come in and think that they have a toenail fungus, that it's a fungal infection. Um, but it's actually just thickened. And that can happen to a lot of people. It's usually the big toe, and it can just be friction from like, tight shoes, and that kind of thing can cause big, thick toenails. And they can even look discolored, but it's really just that they're super thick.

Um, but I think what you might specifically be referencing is colloquially… why do I always say that word?

Justin: It’s a hard one.

Sydnee: Colloquially…

Justin: Colloquially. Colloquiallally.

Sydnee: [laughs]

Justin: Colloquially.

Sydnee: In layman’s terms…

Justin: It’s hard. I can't do it either.

Sydnee: [laughs] … ram’s horn nail. The technical name is onychogryphosis. Now, why is that easy for me, but colloquial… nope. Um, and this actually is—this is more common among the elderly. You can see it in association with certain things, like you mentioned, like diabetes. But it can just happen, and it’s related to… we’re not exactly sure, but we think it’s some combination of probably some trauma to that part of the foot.

Some peripheral vascular disease, so like, limited blood flow is what we’re talking about. And um, just neglect of your toenails. Like, not… y'know, clipping them regularly. A lot of the time, because you're not capable of doing so anymore. But uh, but that specific deformity, ram’s horn nail, can be seen a lot among the elderly.

Justin: “On my first day as manager, I was tasked with asking an employee to please stop picking his nose and eating his boogers in view of the other employees. He argued that it helped him build his immunity, and that he never got sick. Is this real, or just really gross?” That’s from Jessica. Can I step in here?

Sydnee: Okay.

Justin: It doesn’t matter.

Sydnee: [laughs]

Justin: It doesn't matter. He doesn't need to do it where—I don't care if it makes him, like, very good at basketball, and help him find great parking spots. Like, he could do it in the privacy of his own, like, bathroom, or car, or parking spot, or wherever. It doesn't matter.

Also, your—whoever told you you had to do that stinks, and you need to tell them that they need to go do it, 'cause you are not handling that kind of dirty work for them.

Sydnee: Uh, Jessica, I do agree with what Justin has said. I will take it a step further. I—we do not have evidence that eating your own boogers makes your immune system better. I understand, conceptually, what he may be—

Justin: It feels right. [laughs]

Sydnee: Well, but the thing is, let me just throw this out there. If we're gonna follow—if we're gonna actually address this, if we're gonna take it seriously…

Justin: I'm trying.

Sydnee: If these germs that are—because that's the idea, right? Like, your boogers have captured germs, stopped them from going up your nose, and now you're gonna expose yourself to small amounts of them by eating them so that your immune system will create antibodies.

Justin: Right.

Sydnee: If the germs got stuck in boogers in your nose, some of them probably made their way in your body, right?

Justin: Yeah, I guess that makes sense.

Sydnee: So you've probably already been exposed to these germs and built an immune response to them. The idea that your boogers are so good at trapping germs, that every single particle got stuck in your boogers, I mean… I wish our boogers were that great, but they're not. We do get sick sometimes. So, there is no evidence that that's true. Moreover, it really feels like a private thing?

Justin: Private matter.

Sydnee: I would just say like, if you feel that strongly and you need to do this, that's just—there are lots of things we do for our own health that are private things.

Justin: Yeah. Right.

Sydnee: That you don't have to do in front of other people.

Justin: Uh, "Dear Dr. Sydnee and Justin McElroy, my weird medical question is about my blood type. I don't know what it is, or how to find out what it is." That's from Abby. Me neither, Abby. I've learned a lot of times, and I think I just need to put it in a card in my wallet or something. 'Cause I keep forgetting it.

Sydnee: Yeah. See, I always—do you remember how I know mine?

Justin: No.

Sydnee: I've told you before.

Justin: No.

Sydnee: Mine's A+.

Justin: Oh, like A plus?

Sydnee: It's an A plus.

Justin: Got it. Yeah, got it.

Sydnee: That's what I like to get.

Justin: That's great.

Sydnee: I like to give the best grade, the A plus. I'm an A plus. Uh, y'know, that's another thing. It's funny, after the question we already had about, like, patients misunderstanding what a test is actually looking for. Um, a lot of patients, I've found, will assume that I know their blood type, because I have ordered some blood tests on them before. It is a specific test we have to order. If I haven't had a reason, like, because you needed a blood transfusion, or because you were pregnant… if there was no reason before for me to have looked, I probably don't know your blood type, and your primary care doctor may well not either.

Uh, if you go to donate blood, they will check it. They won't, y'know… you're gonna find out there. So that's one way you can find out. Your um, doctor can order your blood type. I would be cautious, though. If you don't need to know your blood type, you're probably better off… I mean, if you're willing and able, and you're thinking of donating blood. Because our system is so messed up.

I have to have a reason to order a blood type on you, or there's a chance, depending on what insurance you have, or if you don't have insurance, that you're gonna end up having to pay just to find out what your blood type is.

Justin: Wow.

Sydnee: I know. That's ridiculous. Like I said, there are circumstances where I can type you, especially if you may need a blood transfusion. And if you do, on a side note, we'll find out your blood type and cross and match and make sure that the right type of blood, at least, all that should be done before you get blood. But um, the only way is to actually go ask either, when you donate blood, or go ask your physician, "Hey, can we check my blood type?" And they have to order that specific test.

Justin: Uhh, I have a—

Sydnee: One more?

Justin: Yeah. "I have a multi-part question about viruses. I was taught in all my middle and high school classes that viruses are not living things. However, you and other medical podcasts I listen to talk about killed viruses being used to create vaccines. My question is, are viruses alive? And if so, why can we not kill a virus once it has infected a person like we can do with bacteria? Cheers." Cindy.

Sydnee: Cindy, I love this question, because I always—that was actually one of the first things that drew me to viruses, back in the days before I knew I wanted to be a family doctor. I thought about being an infectious disease specialist, or perhaps, a virologist, because I learned that viruses are the living dead. They're like, the zombies of the biological world.

They have aspects of living things, and they have aspects of things that aren't living things. And so, they're hard to define.

Justin: That's wild.

Sydnee: They are living, but not in exactly the sense that we are living.

Justin: [whispers] That's wild.

Sydnee: Yes, I know. They're fascinating. Viruses are fascinating. And because of that, I think that they can be a little scary. So when we talk about vaccines being made using killed viruses, I think that this is a handy term people are using to communicate to patients and the lay public that the virus in this cannot make you sick.

Justin: Yes.

Sydnee: But it has not literally been killed. That usually means that the virus has been modified and engineered in a lab so that the infectious parts of it have been removed.

Justin: Okay. Gotcha.

Sydnee: But, so, it's not—it's not killed in the sense that we think of a living organism ceasing… function.

Justin: It's more like neutered.

Sydnee: Yeah. That's probably a good way to look at it, actually.

Justin: Okay.

Sydnee: And it's a good question, because it's not alive in the way that we think of living, so you can't kill it. But you can just inject pieces of it that will stimulate an immune response. There's only certain parts of a virus or bacteria that our body is gonna make an antibody to, right? And so, as long as you know what that part is, that's all you need to inject into somebody. You don't need to inject the whole thing, for the most part. And if you're gonna use the whole thing, you attenuate it. You harm it in such a way that it is unable to cause disease.

But yeah, it's a great question, 'cause you're right, viruses cannot be killed in that they are not alive, but they are sort of alive, and we can sort of kill them.

Justin: They're very goth.

Sydnee: Was that helpful?

Justin: They're very goth entities.

Sydnee: Uh, we can't kill—and we do have viruses—we do have some medications, limited medications, that can try to, um, hurt a virus. Again, I don't want to use the word 'kill,' but hurt a virus once it's already infected

you. But they're just wily. They're a lot harder to do that with without harming the cells that they are infecting as well, which like, are your cells. And we don’t want to harm them.

Justin: Um, folks, thank you so much for listening to this episode. We hope you have enjoyed yourself so much, ‘cause we have sure enjoyed having you on board. Umm… thank you to the Taxpayers for the use of their song, Medicines, as the intro and outro of our program.

Um, hey, get pumped. MaxFunDrive starts next week. It’s gonna be a lot of fun. We got lots of great stuff. If you head on over to McElroy.family, you can see all the cool stuff that’s happening over there. But uh, catch the fever. It’s gonna be great. We’re gonna have a great week. We got a great bonus episode. We’ll talk about it next time, but it’s good. You'll like it.

Sydnee: You're gonna love it.

Justin: You're gonna love it. But that will 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 plays]

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