

Sawbones 422: Metamucil

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

[theme music plays]

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

Sydnee: I'm Sydnee McElroy.

Justin: Been a little bit, Syd.

Sydnee: Yeah.

Justin: July was a wild month.

Sydnee: It was, I know. We missed a week in there, didn't we?

Justin: We did miss a week, and we had to— we've actually been away from the microphones for... three weeks at this point, 'cause we had a tour, and we had a—

Sydnee: *You* had a tour.

Justin: I had a tour. Yes. Thanks to all the fans.

Sydnee: I was here, caring for our children.

Justin: Thanks to the fans. You really make it special. As— and thanks to the people at home watching the kids, whoever that may be, to make it possible for me to go out there and make my magic.

Sydnee: Yeah. Uh-huh. Uh-huh.

Justin: But we're here now!

Sydnee: I have my own life, you know?

Justin: I know. I know.

Sydnee: Anyway, um—

Justin: You're doing real work here—

Sydnee: [chuckles]

Justin: ... on the home front.

Sydnee: I do my best. I, uh— in the interim, um, I was sent a video from Alex. Thank you, Alex. Um, from one of our friends.

Justin: Friends? You're using that loosely, I assume.

Sydnee: Well, uh—

Justin: A friends... for now.

Sydnee: He's a friend— I consider him— I mean, he's a friend. But I also consider him a friend. He's a fellow science communicator. You, I assume, consider him a friend because *all* media-producing teams of brothers are friends—

Justin: Know each other.

Sydnee: ... and know each other, right? Isn't that—

Justin: Yes. We have— we have a fantasy football league. [chuckles]

Sydnee: [laughs softly] That seems unlikely.

Justin: [through laughter] I know. Now, we have a fantasy football league. We have a cigar c— [wheeze laughs] I can't even finish it. Yeah. Yeah. We do. [normally] We know the Greens.

Sydnee: Yeah. It's you all, the Greens, the Property Brothers, uh—

Justin: Property brothers, uh—

Sydnee: The Jonas Brothers.

Justin: I don't know if Jake and Amir are brothers. Um, who else?

Sydnee: Who are other brothers?

Justin: I mean... *Car Talk*, RB.

Sydnee: I don't know. I don't know of—

Justin: Marx Brothers!

Sydnee: Yeah.

Justin: I mean, they're all— they're gone, but you get it. Sorry, my dad only watched old stuff.

Sydnee: Hanson.

Justin: [laughs] There, a bunch of old stuff. Here we go, so I only know old things. And Hanson, apparently.

Sydnee: This is— yeah. This is an older video, actually. When I watched it, I was like, "Oh, this is a new video!" No, it's not. It's from 2018. Um, but I still think it's a funny thing for us to talk about because Hank Green— who's wonderful, by the way. This is—

Justin: We love Hank Green.

Sydnee: This is good-natured ribbing. This is in no way, like, contentious. I'm hoping that comes through, but I also just want to say it bluntly.

Justin: The Greens are a couple of the—

Sydnee: I love the Greens. They're great.

Justin: The Greens are a couple of the best people I know. They put in the work and actually do, like, a lot of good stuff rather than try to benefit themselves. They're fantastic human beings. Hyup!

Sydnee: So, I like, no— I like Hank a lot, and I love his science communication and his videos. And obviously, that's, like, a whole thing. I don't know how to do videos. I only do voice stuff. So, you know?

Justin: Yeah.

Sydnee: Impressive. But he did a video in 2018 that Alex shared with me just recently, so I only know about it now. Um, telling everybody about his love for Metamucil.

Justin: Mm-hmm.

Sydnee: And I would say making the, um— I would not say it's medical advice because he is not a physician, so I don't think you can call it medical advice.

Justin: Right.

Sydnee: That basically everybody should take Metamucil. So, I thought we should do an episode on, like, "But should we, Hank? Should we all take Metamucil?"

Justin: 'Cause you and I have— you and I have talked about fiber before, casually.

Sydnee: [laughs softly]

Justin: In our day-to-day lives.

Sydnee: As old people do.

Justin: You were— told me that you— we just disagreed. I kind of thought from some of my studies and my educa— my own personal health journey.

Sydnee: Mm-hmm.

Justin: ... and personal health education, that, like, everybody should be having fiber just to keep everything going good.

Sydnee: Well, now, when you say that, it makes it sound like I didn't want everyone to eat fiber. I think what the confusion is, "Do we all need a supplement?"

Justin: Um.

Sydnee: That's different than the conversation of, "Do you need to eat fiber?"

Justin: I know you need to eat fiber.

Sydnee: I don't think anybody is denying that, yes, we do need to eat fiber.

Justin: Okay.

Sydnee: Right?

Justin: Yes.

Sydnee: With that, we can all agree upon.

Justin: Yes.

Sydnee: I got recommended values in here. I'm going to talk about and everything.

Justin: I got—

Sydnee: The question is, “Do we all need a fiber supplement?”

Justin: I have a very clear memory of being very *unclear* about what Metamucil was.

Sydnee: Mm-hmm.

Justin: As a child, Metamucil was sort of— Specifically Metamucil, was sort of like a short-hand for, like, old person. [chuckles] You know what I mean?

Sydnee: [laughs]

Justin: It’s, like, I knew it was a powder that old people got, that they got for themselves, and, like, they didn’t get— and I used to watch, ‘cause it’s, like, an orange-flavored drink that it makes.

Sydnee: Mm-hmm.

Justin: The ones that are flavored. You can get unflavored, but—

Sydnee: Right.

Justin: I used to watch adults, like, mix up this orange drink, and I’m like, “Dang, I’d love to get me some of this orange drink. Look at this beauty. I love it.” But it’s just a [through laughter] weird powder for old people.

Sydnee: [laughs softly] Now, Hank says in his video that even people with quote-unquote “Good poops” should take Metamucil.

Justin: Mm-hmm.

Sydnee: Like, don’t feel like you’re— you’re already getting enough fiber, and your poops are so good that you don’t need Metamucil. You should still take Metamucil.

Justin: Yeah, don't go around thinking your... poop don't stink.

Sydnee: [laughs softly] That you're better than Metamucil. Um, so, do you know what Metamucil is?

Justin: Yes. It's psyllium husks.

Sydnee: That's good.

Justin: Yes.

Sydnee: That's a good start.

Justin: Yeah.

Sydnee: So have you, like, researched Metamucil yourself?

Justin: Have you ever had a point in your life when you were on, uh, a way of eating where you're taking in a lot of carbohydrates?

Sydnee: Oh, okay. You were constipated?

Justin: [through laughter] Listen, this is a family show. This is a show for kids. I don't want kids—

Sydnee: I mean, we're going to— this is the *whole* thing. It's about Metamucil. It's what we're talking about.

Justin: The teens already think little enough of me, without thinking that I need old man powder for my poops. [chuckles]

Sydnee: So, psyllium is— it's a form of fiber that comes from seed husks from the *Plantago* genus. That is the genus plant *Plantago*.

Justin: Now, I did not know the genus. That *is* something I've learned today.

Sydnee: *Plantago ovata* is responsible for the psyllium that we consume. For the most part, that is the species that we know as Metamucil.

Justin: Okay.

Sydnee: There are a couple of other species that produce it as well, but the vast majority comes from India.

Justin: Oh! Interesting.

Sydnee: The vast majority of like the— yes, the psyllium that we— and there's, like, um, not to get too technical with it—

Justin: Thank you.

Sydnee: 'Cause I want to talk about the medical part, but there's different grades too, like, how pure the psyllium is.

Justin: Hmm.

Sydnee: The stuff that we use for medical purposes is, like, the highest grade. It's, like, 95% to 99%, you know, psyllium husks.

Justin: But you can get higher, like, if you get Metamucil X. It's the one in the gold jar, and it's, like, top-shelf.

Sydnee: [laughs]

Justin: It's, like— I think it's Metamucil XO. It's, like, been aged for a while. It's, like, really premium stuff. It will rip through you like a freight train.

Sydnee: I feel like people would come out with that eventually, but no. The lower-grade stuff is just used for other purposes. Industrial purposes like, um, veterinarian purposes. There's some other things you could do with the lower grade psyllium, but the higher grade is when you need it— that's the medical stuff.

Justin: Right.

Sydnee: The name, by the way— so, the word for psyllium in India is Isabgola. There are a couple of different iterations of that word, but it comes from the Persian for “horse ear” because of the way the seed looks, so—

Justin: Hmm.

Sydnee: And I mention that because the history of the medicinal use of psyllium, or Isbagola in India, is much longer than *our* understanding.

Justin: Okay.

Sydnee: Like, our, sort of, Western use of psyllium.

Justin: Mm-hmm.

Sydnee: It has a lot of uses in Ayurvedic medicine, and so that predates, kind of, our concept of it.

Justin: Mm.

Sydnee: The Greeks came up with the word psyllium for psulla for flea, which is a reference to the way the seed looks again.

Justin: Everybody’s really into the way this seed looks.

Sydnee: Right. And it’s kind of weird— I think it’s just an interesting psychological study on two different people look at a seed and come up with either—

Justin: “Oh, yeah. Wait, a horse’s ear.”

“No, no, no.”

Sydnee: A flea.

Justin: “It looks like a flea. Look at it!”

Sydnee: [laughs] It's very small.

Justin: "Somebody, get a microscope."

"A microscope?"

"No, it's— Oh, I actually don't know what it is. I just said the word. That's weird. I just said microscope. I don't know what that is."

Sydnee: [laughs softly] So, it's a naturally occurring material. We husk it from seeds. We use it as fiber. That's nice. We don't have to make it. It's just there.

Justin: Right.

Sydnee: Like, you take it off the seed; it's left over. Um, the way that psyllium works is it has this mucilaginous polysaccharide.

Justin: Oh!

Sydnee: Yeah.

Justin: [bursts out laughing]

Sydnee: That's made of some stuff—

Justin: [through laughter] You can't be, like, "Let me break this down in layman's terms. It's got a muscinagious polysacriedge."

Sydnee: So, basically, this mucilage.

Justin: Nope. [giggles]

Sydnee: Yeah.

Justin: [through laugh] Do it again. Start.

Sydnee: Well, okay. This substance—

Justin: Thank you.

Sydnee: It's, like, a clear gel-like substance. Okay?

Justin: Okay. See, this is good. Yes. Yes. Yes.

Sydnee: And it's going to absorb water.

Justin: Okay.

Sydnee: Okay? This is a soluble fiber.

Justin: Oh! That means it absorbs water.

Sydnee: Yes. So, it's going to absorb water. So, this mucilaginous polysaccharide will absorb water and increase in volume by tenfold when it does so. So, it gets much, much, much bigger. Okay?

Justin: Okay.

Sydnee: So, the way that it works is you ingest the psyllium.

Justin: Mm-hmm.

Sydnee: This mucilage is in your, you know— in what your stool will be.

Justin: Okay.

Sydnee: In the mixture of stuff that is going to become your stool.

Justin: Okay.

Sydnee: And it's going to absorb, and absorb, and absorb water, which will make your stool softer and pass more easily.

Justin: Oh! Okay.

Sydnee: Give it a better consistency and form on its way down.

Justin: Better is an interesting word, isn't it?

Sydnee: And also, can bind other things, as we'll talk about. This is different, by the way than from insoluble fiber. I think that's an important—

Justin: That just rocks right on through.

Sydnee: It does. It doesn't absorb water.

Justin: Takes no prisoners.

Sydnee: And it sort of like— it's like a brush for your colon.

Justin: A colon blow.

Sydnee: [laughs softly] They don't absorb anything. They just move through and brush everything on their way. Um, we have talked about, like, constipation, laxatives, making people poop. We talk about this a lot on this show.

Justin: Too much, by some people's reckoning.

Sydnee: Well, because throughout human history, we have had this sort of— I don't want to say obsession, but it has been very important to the human animal that poops happen with regularity and a good consistency.

Justin: We— here's how important it is to us. We have a word "regular" that means the way things ought to be, and then we literally use that exact word to mean that "I'm pooping well."

Sydnee: Mm-hmm.

Justin: Like, here's the [chuckles]— here's the two meanings of regular.

Sydnee: [laughs softly]

Justin: That and my poops are normal. That's how important it is to me. I've made the word [through laughter] for the entire concept of regularity refer to pooping.

Sydnee: It really, well— and you can look back through history and across cultures, and you see this concept of, if you're not pooping regularly, then the stool that is in your body— 'cause we knew it was in there.

Justin: Right.

Sydnee: We knew it had to come out, so we knew that until it came out, it was still in there.

Justin: It was still in there. Somewhere.

Sydnee: And there was a concern with what that could do, and we see that as far back as, like, you know, papyri from the ancient Egyptians writing about the concept that if stool just sits in your body, it will, like, putrefy and poison you, and release toxins. And that concept is still echoed in things you will read today.

Justin: Mm.

Sydnee: The idea that part of the problem with constipation is that the stool in there is going to do all sorts of terrible things and, like, make you sick from the inside. This, like, auto-intoxication, is the word they use a lot. It's going to, you know, make you toxic from the inside out. You will still hear this echoed today. So, all throughout human history, we've been very worried that if we don't go to the bathroom, it's gonna make us super sick.

Justin: It could be really bad. Which is not wrong, right?

Sydnee: Which it does, I mean, to be— you're not wrong.

Justin: You don't want it in there.

Sydnee: Like, I mean, who has been very constipated? It sucks. It— like, you do. You feel really sick.

Justin: Yeah.

Sydnee: It's awful. But what about fiber and psyllium specifically? Now, Hippocrates noticed a link between that, so, like, we've known— you know, the idea that fiber has something to do with going number two.

Justin: Mm-hmm.

Sydnee: Old, old idea. And he advised that if somebody has constipation, they should eat wheat bran.

Justin: Yeah. Wow, good one!

Sydnee: Yeah. So, I mean, the use of fiber in our diet is, from a nutritional standpoint, less a medicine, although for a long-time, medicine and nutrition were sort of one. I mean, if you look at, like, the ancient Greek approach to medicine, it was very much lifestyle: diet, sleep, you know, activity, those sorts of things.

Justin: Here's what I'll say about this, and I always think it's interesting to think about, like, it— this system is what— I feel like we understand at this point in history, like, early, before we have a lot of, like, tools, we understand systems that have— well, we have a better understanding of systems that have a direct input and output, where you can, like, A, B, test, right? So, I think— without harming or injuring the person, right?

So, I think, like, it makes sense that we would figure this one out fairly early because it's one where we can, like, run daily experiments on without any sort of tools or anything, right? We can, like, each day, like, try different foods and, like, "Oh, this is a direct— I can directly resolve— you know, observe the result of taking in this stuff."

Sydnee: Mm-hmm. Sure. Well, and, I mean, it makes sense that we would figure out things that would make us poop, make us puke, make us pee. Observable reactions—

Justin: Right.

Sydnee: ... long before we would figure out things that would lower our cholesterol or blood pressure.

Justin: Right.

Sydnee: Which are things, you know, we didn't— [chuckles] we didn't even know how to measure at this point.

Justin: A lot— a lot harder.

Sydnee: Right. So, the use of fiber specifically as some sort of treatment may have been known, but in all honesty, like, if you look through, "When did this become popular?" Because I'd say today, like, fiber— the intake of fiber is not just known to be beneficial, but it's like a cornerstone—

Justin: Yeah.

Sydnee: ... of a lot of, sort of like, wellness concepts, right?

Justin: Yes.

Sydnee: Like, that's one of the first things that like, "Are you eating enough fiber?" That's one of the first things people say.

Justin: Sleep, hydration, fiber.

Sydnee: Yes. So, when did that sort of movement begin? Many, many years later. I would say, probably, it started in the early 1900s when there was a British physician, Sir William Arbuthnot Lane, who began to promote this theory that, um, constipation is kind of like the central scourge of humanity. [chuckles]

Justin: Mm-hmm. [laughs]

Sydnee: It's, like, the main— and, again, we're seeing the echoes of this idea that if you don't go to the bathroom regularly that you're getting, you

know, toxins from the inside. The same thing that ancient cultures were talking about.

Justin: Right.

Sydnee: And he— he said, you know, “The cause of all the hideous sequence of maladies peculiar to civilization, constipation.”

Justin: Constipation.

Sydnee: Constipation. And that also begins our tying of constipation, and diet, and all of that, to, like, why there are, sort of, population differences in specific diseases.

Justin: Mm-hmm.

Sydnee: Which is also something that we will begin to talk about more and more. Why do some areas of the world get *this* more? And is it our diet? And what is it in the diet?

Justin: Right.

Sydnee: And, oh my gosh, how many things does this apply to? You know?

Justin: Yeah.

Sydnee: Why were we all drinking red wine and eating olive oil for a while in the 80s? [laughs softly] So, I want to talk about how that became sort of a cultural idea.

Justin: Okay.

Sydnee: But before I do that, we gotta go to the billing department.

Justin: Let’s go!

[theme music plays]

[ad break]

Justin: All right, Syd. Fiber, the modern era.

Sydnee: [laughs softly]

Justin: The next generation.

Sydnee: So, by the 20s, people were less convinced that constipation was the root of all disease.

Justin: All disease!

Sydnee: Like, that—

Justin: That may have been pushing it.

Sydnee: And, like I said, that— that idea that it does make you sick to be constipated, it exists today. So, I'm not saying that that fell out of favor, but the idea that, like, we could blame everything on not pooping regularly—

Justin: Mm-hmm. [giggles]

Sydnee: ... was not as popular. But the theory from Lane, that this was sort of— that constipation was also, like, a modern disease, or what he would call, like, an urban disease, an industrial disease. It is a disease of cities. It is also what a lot of these writers of this time would have talked about as, like, a disease of the *civilized* person. Just to— I mean, I am—

Justin: For example, liking La Croix.

Sydnee: [laughing]

Justin: Same— same idea, right? It is a disease that only plagues the city folk.

Sydnee: Yeah. [laughs] They were— well, I mean, if you read the writings, you're going to see really horrible ethnocentric things said—

Justin: Oh.

Sydnee: ... about other cultures in other parts of the world.

Justin: That might make my passing reference to La Croix seem, um, insensitive in hindsight.

Sydnee: Well, no. I mean, I— that is maybe the way you use the word civilized. [chuckles]

Justin: Oh, okay.

Sydnee: These, um, gentlemen from [chuckles] the 1920s were not being so kind.

Justin: Okay, I got you.

Sydnee: So, I mean, and it's very much to their mind, like, the result of civilization is this bad eating habit, and if we return to a more, what they would call primitive state.

Justin: I'm not making it up, by the way. When you go to, like, a, um— like, an office of a company at, like, a city.

Sydnee: Mm-hmm.

Justin: And you open the fridge, it's just all La Croix. It's like, "Wow, you guys really like this stuff?" I don't get it.

Sydnee: I don't know. I don't like La Croix.

Justin: Okay.

Sydnee: I mean, that's fine if you do. I have no problem with La Croix.

Justin: I don't care. Go for it.

Sydnee: Um, just, I'm a diet Dr. Pepper fan.

Justin: I like a Claw. I don't know. Do you think I would like a La Croix now— more now that I have had so many Claws?

Sydnee: I don't know because it's just— then they take the alcohol out.

Justin: Yeah. That's true. I think they're less sweet, but maybe I've attuned my tastebuds to La Croix.

Sydnee: I can— I tried it one time and just went, "Nah."

Justin: No, I don't get it.

Sydnee: No, I mean, I just— it's water for me, and then my diet Dr. Pepper that I treat myself to.

Justin: Yeah. Okay.

Sydnee: I'm good. I don't need new drinks [through laughter] at this point in my life.

Justin: Yeah. We're all full up on new drinks.

Sydnee: [laughing] I'm very old. I don't need new drinks. No, thank you. [chuckles]

Justin: All right. Sorry, I got off on a La Croix tangent.

Sydnee: So, anyway, um, as I was saying, there was this argument that there are parts of the human population—

Justin: Right.

Sydnee: ... where they're eating better. And so, they're not getting all these diseases because they eat better. And the way we know is constipation.

Justin: Okay.

Sydnee: The whiter your bread, the sooner you're dead.

Justin: [laughs]

Sydnee: Yeah. So, more whole grains. Less refined carbohydrates. Um, this observation was built on from another British physician, Sir Robert McCarrison, who had noticed specifically the difference in diets in people in Northern India who ate a lot of grains. And he noticed that they had lower rates of, like, colon cancer, and ulcers, and appendicitis, and things like that.

Justin: Okay.

Sydnee: So, again, we're tying this diet to specific diseases, that we're developing this theory.

Justin: It's interesting that as early as the 1920s, we were like, "White bread, guys, I don't know."

Sydnee: Mm-hmm.

Justin: Like, I don't think we need to be doing— Like, that— does that pre-date sliced bread? No. They probably had sliced bread at that point.

Sydnee: Yeah.

Justin: But, like, that's wild that already that early we were like, "This seems off. [chuckles] We shouldn't— I don't think this is right."

Sydnee: It is interesting when you think about, like, it feels like such a modern idea.

Justin: Yeah.

Sydnee: But, I mean, I guess in the grand scope of medical history, it's modern. But not in the sense of our lifetime. Um, so, his work also inspired British Naval Surgeon— we have all these guys who kind of came to the same conclusions around the same time. And they're building off the same

work, but then they'll argue, like, "I didn't know that other guy was doing it. It was my idea."

Justin: [laughs]

Sydnee: Um, so there's British Naval Surgeon T.L. Cleave, who came up with what was called "The Saccharine Disease Theory." You can download, by the way, the entire, like, PDF of The Saccharine Disease. Like, his whole book. His whole treatise on it. [chuckles]

Justin: Whoo! Wait, wait, wait. For free?

Sydnee: [laughs lightly] I did. I read some of it.

Justin: Are you kidding me?

Sydnee: [laughing] I didn't read the entire thing. Full disclosure.

Justin: Well, don't— you gotta have a URL, Syd. You can't just say that.

Sydnee: It's long. It's long. [laughs softly]

Justin: You gotta let us know where we can get it! Did you set up a file-sharing thing or something? So, we can—

Sydnee: [quietly] Uh. No.

Justin: [bursts out laughing]

Sydnee: *The Saccharine Disease. Conditions caused by the taking of refined carbohydrates such as sugar and white flour* by T.L. Cleave.

Justin: I wish you guys had seen this. She just closed her eyes and did it from memory. [holding back laughter] She loves this document so much.

Sydnee: So, he published this in 1974. Um, and like I said, you can find it all, but— [laughs] The idea was that the consumption of refined carbohydrates, like white flour and sugar, were causing issues in many parts

of the body, and you're having many negative health effects. And that, again, this is based on, like, observations of differences in diets from different parts of the world.

Justin: Okay.

Sydnee: So, physicians who for some reason had traveled to different parts of the world, lived there, saw the way people ate, observed— you know, took care of them so knew what kind of diagnoses they had, and then built this theory. Um, all of this went on to inspire— and this is probably the physician that is most responsible for our current ideas, is Dr. Denis Burkitt.

Now, I had heard of Doctor Burkitt in medical school because there's this kind of lymphoma called Burkitt's lymphoma, and I saw the name.

Justin: Same guy?

Sydnee: Yeah, same guy.

Justin: Wow.

Sydnee: So, he was the first one to diagnose that and therefore have it bear his name. But what Dr. Burkitt also talked about, again, was fiber and health. So, he was originally from Ireland. He was stationed in parts of Africa during WW2, and because of his experiences, he decided to settle in Uganda. So, he lived in Uganda for quite a while. Obviously, being a doctor. Taking care of people and, we can assume, eating.

Justin: Right. We think.

Sydnee: Because, you know, you gotta. And he eventually moved to England and began talking about the differences, again that he observed between Western and these Ugandan diets, and the diseases that he would diagnose in these different populations.

And he echoed the same thing that all of these other physicians had sort of been talking about, and writing about, and publishing about. Which is that there is more fiber in Ugandan diets than the diets of people, you know,

where he was from in Ireland and when he went back to England. And he thought it was responsible for the lower rates of various gastrointestinal issues, things like colon cancer.

Justin: Now, you know what's interesting? I'm sorry, I was paying attention. I was just thinking about it. I have heard this same line of reasoning applied to a lot of different— there should be a name— like, in this case, it may be on the money, but there should be a name for the fallacy of, like, this culture lives longer so it must be this thing.

'Cause I've heard, like, I remember listening to something, and I was a kid. It was, like, some tape about colloidal minerals that I got for free, 'cause I was in this phase where I would try to get as much free stuff online as I could.

Sydnee: Mm-hmm.

Justin: And I got this tape about colloidal minerals. And there was this guy talking about this— this, um, village that lives, like, downstream from rock salts or something, and there was, like, minerals in their water, and they live a bajillion years or something or whatever. And he's using that as justification, like, when there's, you know, a thousand different factors. You know what I mean?

Sydnee: Sure.

Justin: That, like, differentiate our culture from their culture. It could be a bajillion different things, but that is, like, used as justification for, like, "This is the good stuff."

Sydnee: It's hard too, because what they're—

Justin: I know it works out sometimes, for sure.

Sydnee: Well— well, I mean, yeah. It can work out, but, like, what we— what we recognize now is that to compare completely different, like, populations. Two different parts of the world. Two different, like, food, sort of, traditions. There's two different, um— they're entire lifestyle, especially if

we're talking about, like, urban versus rural. Or, like, what sort of jobs do people do? How active are they?

What are their— I mean, the genetics then. That's a whole other thing. We know that there are a lot of things you are at higher risk for just baked in your genes, and it has nothing to do with what you ate. And all of that we understand now. It makes it so much more complex. And so, something like this is very, um, seductive.

Justin: Right.

Sydnee: Right? Because, "Oh, if I just ate more fiber."

Justin: That one. We all want that silver bullet.

Sydnee: If we just had that one thing, when, you know, a lot of this stuff is a lot more complex. Um, so he wrote the book, *Don't Forget Fiber in Your Diet*. And that became an international bestseller and is probably— like, this was— this is in the 70s, is where we're up to now. In the 70s is where you really see this push, right? That's when people start going, "Oh, maybe we should all eat whole grains." [chuckles] Oh.

Justin: Guess I'll get `em.

Sydnee: And alongside him, I should mention a researcher Hugh Trowell, who went on to, like, define what we think of as dietary fiber. What is that? Okay, he was the one who wrote it all down and figured it out. Now, as this evolution was happening— so, you see all of these doctors and scientists, a lot of them British, but it's drifting across the Atlantic so that Americans are paying attention too, you see them, like, talking about fiber, talking about bad refined carbs, all this stuff, more fiber in your diet.

And people who sell things catch on to this. So, one of the first people to catch on to this was actually Kellogg.

Justin: Ah, yeah.

Sydnee: Who started selling a Bran cereal for constipation way back in the twenties, right? And you saw food products, especially cereals. Like, there were lots of cereals that were marketed for that.

Justin: Yeah, with whole grain.

Sydnee: Mm-hmm. For there— and, I mean, the understanding is that this will help with your constipation.

Justin: Right.

Sydnee: Even if it wasn't. Now, Kellogg would have said it, 'cause, you know, he was nasty, but—

Justin: [bursts out laughing]

Sydnee: He was a bad guy. He was a bad guy. Um—

Justin: He's a really bad guy. We're not talking about that, though.

Sydnee: He was a really bad guy. And many other cereal and bread producers followed suit. And in the twenties and thirties, you also have this time where, like, laxatives were [chuckles] really popular.

Justin: He's not the Kellogg from Kellogg's, by the way. It's important to always draw this distinction. [chuckles] The Kellogg from Kellogg's is his brother.

Sydnee: Yes.

Justin: The real— the real—

Sydnee: But he did, like, come up with cereals.

Justin: Yeah.

Sydnee: Like, some of the cereals are his.

Justin: Yeah, but I don't think we're faulting Kellogg for the cereals he created. [laughs]

Sydnee: I don't know.

Justin: I'm just saying that, like, I don't want you to feel guilty every time you eat cereal.

Sydnee: We did a whole— if you haven't listened to it. We did a whole episode on the Battle Creek Sanitarium, and—

Justin: There's probably a chapter in the book.

Sydnee: There's a chapter in the book about it, and I mean, there's lots. He was famously a bad dude.

Justin: [through laughter] Just a bad dude.

Sydnee: Yeah. This is not a *Sawbones* assertion.

Justin: This is a— this is an easy one, right? This isn't, like, revealed. Yeah.

Sydnee: We have accepted that the things he did at the Battle Creek Sanitarium were not okay. So, in the twenties and thirties, there were lots of laxatives being sold too. There was, like, a big push on like, "Oh, everybody needs to poop more." So, you see this sort of like, there's interest in laxatives. There's interest in fiber. All of that resulted in, all the way back in 1934, we have the introduction of psyllium as a possible treatment for constipation in the form of Metamucil. That's how old Metamucil is.

Justin: That's an old one.

Sydnee: 1934. And, like I said, psyllium had a long history of being used for medicinal purposes, especially in Ayurvedic medicine. Um, now, when it was first introduced to the public in 1934, it was what was called a "Behind the Counter" brand. So, it was not something—

Justin: That's heavy.

Sydnee: Like, it was— it was— you'd have to ask for it.

Justin: [clears throat, speaks quietly] "Excuse me, can I, uh, I'll take that pornographic magazine and, um—"

Sydnee: Some Metamucil.

Justin: "... some Metamucil."

Sydnee: And it wasn't— and the point, even if it wasn't like—

Justin: "It's for my dad. He's an old man."

Sydnee: It's— obviously, we've already said, like, people were talking about laxatives. People were talking about going to the bathroom. Now, I mean, I would say people, probably... *male* people could talk about that. [chuckles softly]

Justin: Oh, yeah.

Sydnee: You know? I mean, like, this was not the thing, I would think of in the twenties and thirties, as a woman you would want to discuss openly, would be my assumption. I don't know. Um, but also, it just wasn't heavily marketed. My point is, like, it's back there. You know it's back there. You can ask for it, but it's not out on the shelves where people are going to be buying it in droves, right?

Justin: Gotcha.

Sydnee: So, like, it exists, but it's not a huge product. And there's not a huge push behind it. The company that had it at the time was not making a giant effort to push it out to the public. Okay?

Justin: [snickers]

Sydnee: Ha, ha, ha, ha.

Justin: [bursts out laughing, snort laughs, claps twice]

Sydnee: The name Metamucil—

Justin: [through laughter] You don't need a giant effort with Meta—
[wheeze-laughs]

Sydnee: Uh-huh. Yeah. Yeah. Yeah.

Justin: [through laughter] ...mucil.

Sydnee: Yeah, yeah, yeah.

Justin: [through wheeze-laughter] Oh, you hate talking about this so much.

Sydnee: I'm getting better at it. The name Metamucil—

Justin: [laughs loudly]

Sydnee: Do you want to know where it comes from?

Justin: [through laughter] Oh, absolutely.

Sydnee: The meta part is from the Greek for change. Meta, change.

Justin: Right.

Sydnee: Uh, the mucil is just a reference to mucilage.

Justin: Oh, okay.

Sydnee: The stuff that— the stuff that makes it work.

Justin: Okay.

Sydnee: The mucilage. Which, it's interesting that it's become as popular.

Justin: It's why— yeah.

Sydnee: Knowing part of its name is derived from the— I mean, let's all agree, kind of grody word, mucilage.

Justin: Yeah. And then met— it is weird that they got to that when they're, like, this sounds good. [snorts] People will be able to intuit what this product is.

Sydnee: Yeah. So—

Justin: Fibercon.

Sydnee: [laughs softly]

Justin: There you go. Fiber for constipation. Fibercon.

Sydnee: That's it. So, Metamucil already made this—

Justin: Sounds like a robot that keeps you regular. [chuckles]

Sydnee: People are interested in pooping.

Justin: Yeah.

Sydnee: Fiber is on the grow. Everybody's excited about it, right?

Justin: [giggles] Yeah.

Sydnee: And so, now we're in the 70s, and they start marketing Metamucil a little more. They start pushing it a little more because they're, like, "Well, okay. People seem to like fiber now."

Justin: Right.

Sydnee: Psyllium. This is great. This is a good moment for us. And then *really*, when things took off was in 1985, when Procter and Gamble bought Metamucil.

Justin: Oh, okay.

Sydnee: And they were, like, “We’ve got to get this stuff out there.” And they came up with the “Not all fiber is created equally” line.

Justin: Mm.

Sydnee: And all the TV commercials about Metamucil, and probably because of Procter and Gamble— I mean, in 1985, we were alive by now. Now we’re at the point where Sydnee and Justin are both alive.

Justin: Ta-da!

Sydnee: And our concept growing up of Metamucil being this thing [chuckles] that all old people took. That’s where it comes from. Um, so, where are we with all that now? So now, like, Metamucil’s everywhere. There’s lots of different kinds and flavors and—

Justin: Mm-hmm.

Sydnee: Um, it’s usually, like, there’s a powder you can dissolve in something.

Justin: The classic— the classic is, like, an orange powder that dissolves in drinks.

Sydnee: Mm-hmm. They do have capsules too.

Justin: Although it’s a classic that, like, capsules are, like, honestly, probably more popular as the unflavored at this point. You just like mix it in whatever.

Sydnee: Yeah, you can put it in anything.

Justin: Yeah.

Sydnee: Yeah.

Justin: And you really can't detect— I mean, like, I don't— I don't think you can. I mean, maybe it's a little thicker.

Sydnee: The main thing is that make sure you're checking your proportions and that you put the appropriate— that it's dissolved in the appropriate amount of liquid.

Justin: Oh, yeah.

Sydnee: 'Cause that is one of the— I'm going to talk about, like, the risks. One of the, I would say, less common problems would be if you tried to just, like, swallow it.

Justin: Mm-hmm.

Sydnee: Or if you just put it in, like, a teeny bit of water and threw it back. That can be really dangerous because, as I have said, its purpose is to absorb water and expand.

Justin: Right.

Sydnee: You don't want it doing that in, like, your esophagus.

Justin: Right. That would be bad.

Sydnee: Right. So, [chuckles softly] it's right there on the can. Like, you just look at it. It's— just follow the directions. Um, studies do support that psyllium helps your cholesterol.

Justin: Oh, really?

Sydnee: Yeah. Um, it's— it, like, binds it in the body.

Justin: Hmm.

Sydnee: Like it binds a lot of things.

Justin: Hmm.

Sydnee: So, it absorbs stuff. It binds stuff. So, it can lower your, what we call quote-unquote, “bad cholesterol.”

Justin: Okay.

Sydnee: Typically, your LDL. Um, so it’s mainly effective in people who actually have elevated cholesterol. Like, the studies for if someone’s cholesterol is already okay, like, the idea that it would lower it further or keep it low, I can’t really necessarily say, but it does seem— it does have an effect on people who have mild to moderate elevations in their LDL. It can lower that to an extent.

The long-term effects aren’t— like, we don’t know exactly what that means. Like, you’ve gotta play that out for years and years and years, and do big studies to say, “So, does that decrease your risk of a heart attack or stroke?” Right?

Justin: Right.

Sydnee: We would— you would assume that that’s true. That if you lower your cholesterol—

Justin: It’s generally positive, but it may not be enough to move the needle.

Sydnee: So— well, yeah. So, you can’t assume one from the other, but— so it does lower cholesterol. We know that as a soluble fiber, um, it’s going to increase your bowel movements. Any soluble fiber will. Um, if your constipation is being caused by a lack of fiber, adding fiber or a fiber supplement like psyllium would help, right?

Justin: Right.

Sydnee: And it will increase your BMs.

Justin: [snorts and bursts out laughing]

Sydnee: If it's not caused— [chuckles lightly] If it's not caused by a lack of fiber, though, it's hard to say that it actually will fix the problem. Um, there have been studies that even suggested adding more fiber to your diet, if your problem isn't a lack of fiber, may actually backfire and cause more constipation.

Justin: [snort/wheeze laughs]

Sydnee: [chuckles softly] Now, that being said, that's usually— psyllium is usually not the problem. We're usually talking about insoluble fiber at that point. 'Cause you can imagine, since insoluble fiber doesn't absorb water, it just kind of sits in there as a big bulk thing that scraps out the colon. If you're already constipated, and the issue isn't fiber, and you put more insoluble fiber in there—

Justin: Ooh.

Sydnee: ... you can cause more problems.

Justin: Yeah.

Sydnee: Um, and the other thing about psyllium, so it is soluble and you're not going to have that problem; it also doesn't ferment, and that can be an issue. Well, that's a good thing and a bad— it's like a double-edged sword. So, psyllium is probably the least, uh, risky—

Justin: Okay.

Sydnee: Of all these fiber supplements. You know, in that sense. Like, if you're not sure what the problem is, and you're just sort of taking a swing [laughs lightly] and trying to fix your constipation, psyllium is probably one of the least risky things you could do, for sure. It's generally safe. It can cause flatulence, bloating, pain in some people. Um, and again, it won't necessarily relieve constipation if that isn't your problem, although it does increase the frequency of bowel movements.

Justin: Sure.

Sydnee: Like, pretty— pretty, um, reliably.

Justin: Yeah. Pretty good.

Sydnee: [chuckles]

Justin: Yeah.

Sydnee: But that doesn't necessarily mean it will get rid of, like, gas or bloating, or pain, or that kind of thing.

Justin: Yeah.

Sydnee: But it can. Um, and the only risk, I would say, is it can bind certain medications as well.

Justin: Hmm.

Sydnee: So, if you're on medications, like prescription meds, I would really talk to your provider before you— you know? Because, um, I mean, this is probably not gonna be an issue for most people unless you're, like, taking it altogether, but some people might. You know? For simplicity, take their Metamucil and take all their meds. And it could bind those meds and then decrease the levels of them in your body as a result.

Justin: Yeah.

Sydnee: So, as a supplement, it is something— and I mean, I advise this with any supplement. It's hard to say that there are any that are no risk, and so, even one that is pretty low risk, it's still worth a chat with your provider to say, like, "Hey, I take medicines X, Y, Z, is it still okay if I take Metamucil?" Um, that's never a bad idea. Rare patients, like I said, do get more constipation, although psyllium's the least likely to cause it. And if you have some sort of medical cause for constipation, something like irritable bowel syndrome or something, again, I would talk to somebody first.

Justin: Fire truck up there. Put a fire truck. Happens.

Sydnee: [laughs softly] I mean, it happens.

Justin: Put a fire truck up there. It happens.

Sydnee: And fiber might help with— So, other things that fiber has been studied in, in some cases psyllium specifically, are things like Type 2 diabetes, and heart disease, and colon cancer. And the evidence keeps going back and forth. Like, specifically, colon cancer. A new meta-analysis that tells us whether or not fiber can prevent colon cancer comes out every other year, I feel like.

Justin: Yeah.

Sydnee: And says something slightly different. Obviously, fiber is good for you for a variety of reasons, and so I would endorse eating plenty of fiber. Um, I cannot tell you right now that definitively eating fiber is going to keep you from getting colon cancer. It might. It might reduce your risk of colon cancer.

Justin: But it might not.

Sydnee: Um, but it does all these other things, so fiber's good. The recommendations for fiber are, um, 38 grams a day and 25, for men and for women unless you're over 50, then it drops to 30 and 21. You just don't need as much fiber. Which I guess, maybe that's why everybody thinks they should take Metamucil?

Justin: I don't know.

Sydnee: I will say this, and Hank is right about this. Generally speaking, Americans don't eat enough fiber. We don't. We don't hit those markers. So, the idea that you'll need a fiber supplement is not a wild suggestion because you're, statistically— if you're listening, you're probably not eating enough fiber.

Justin: Yep.

Sydnee: Justin, you and I are probably not eating enough fiber.

Justin: Yeah. I'll do better.

Sydnee: But then a lot of people would point out, the best way to get anything that comes from food is to eat the food.

Justin: Mm-hmm.

Sydnee: Assuming you can, and you don't have some sort of, you know, dietary restrictions, medical restrictions. It's good to just eat— you get all the other good stuff from the food, not just the fiber. Whereas with the supplement, you just get the fiber.

Justin: Right.

Sydnee: So, I don't know. I mean, the assertion that "Should everyone should take Metamucil?" I am— and this— and you probably know this if you listen to the show. I am of the opinion that there's not anything, like, supplement wise, medicinal wise, that *everyone* should take.

Justin: Water.

Sydnee: Well, I mean, is that a supplement?

Justin: No. Water and air. And food.

Sydnee: Yeah. I mean, I— when it comes to, like, actual, like, medicinal things, or supplemental things, or vitamins, or things like that, I am— it would be hard for me to come up with anything that I think everyone should take. And I think there's a little bit of hyperbole at play here, I also think. I do think that the reminder that fiber is important and that you should be eating plenty of it, and then if you're not, considering a fiber supplement.

And if you're going to consider a fiber supplement, psyllium is probably a really good way to go. And there are other things, by the way, I don't— I am also not a brand [chuckles softly] ambassador for Metamucil. There are lots

of other ways you can get psyllium. There are other fiber supplements that are just psyllium.

Justin: Oh. I know *all* the ways to get psyllium.

Sydnee: Yeah. I mean, like, you don't have to take that brand. There are other brands of psyllium out there. You can just look on the container and see what it has. Um, but it's like with anything, I would say that if you're considering adding something to your daily regimen that's a product like that, I would talk to your provider if you have any other—

Justin: You would like it if a patient of yours was, like, "Hey, I'm sorry to bother you on the phone 'cause you gave me your personal home number—"

Sydnee: [laughs softly]

Justin: "...but, like, I'm thinking about taking Metamucil every day. Where are you at with that?"

Sydnee: I think— I think that if you have—

Justin: You wouldn't be like, "Yeah, yeah, yeah. Good, good, good."
[laughs] "Go for it."

Sydnee: I think that if you have no underlying chronic medical conditions and you're on no other medications, this would be a very low-risk thing to try.

Justin: All right.

Sydnee: I think that if those other statements apply to you, it's always important to check to make sure there aren't interactions with the other things you're doing. 'Cause if things are going well, and especially if you are quote-unquote "having good poops,"—

Justin: [snort laughs]

Sydnee: ...before you throw something else in the mix, you know?

Justin: Yeah. That's true.

Sydnee: And sometimes constipation is caused by other conditions that we can diagnose and treat in other ways. That's the other thing. Like, just as an example, people with hypothyroidism often have constipation. And if they go and get tested and diagnosed with hypothyroidism and treated for hypothyroidism, that is very important for a variety of other symptoms they may be having and so don't just take psyllium. You know? Go get diagnosed.

This is not me saying— see, we've gone down this whole rabbit hole. This is not me saying that everybody with constipation has some sort of medical condition.

Justin: Should I step in at some point? Or should I just kind of let you keep going? Just keep digging. [chuckles]

Sydnee: I— [laughs lightly] I'm just saying, I think it's important if you're ever worried to ask somebody in the healthcare profession before you add something new to your healthcare regimen.

Justin: Right.

Sydnee: Is that fair? [chuckles lightly]

Justin: So, go to your dentist, anybody in the health care profession. Go to your dentist and say—

Sydnee: No! My gosh, stop! [laughing]

Justin: "What's up with fiber, Doc? Come on, Doctor Woodruff, what's up? What's going on?"

Sydnee: [sighs] It's always good to eat fiber, and drink water, and get plenty of sleep, and—

Justin: In closing, Hank was right. [through laughter] Uh, thank you so much for listening to our podcast. [normally] Thanks to the Taxpayers for

the use of their song. "Medicines" is the intro *and* outro of our program. We have a book. It's anywhere fine books are sold. Uh, it's called *The Sawbones Book*. Sydnee's sibling Taylor did the illustrations, and we did the words. Um—

Sydnee: We did the words.

Justin: We did the words. [singing] "I do the Rock." Have you heard that? That Tim Curry's like one pop hit. "I Do the Rock." It's wild. Anyway, that is gonna do it for us. Oh! Thanks to Max Fun Network for having us part of their extended podcast family, and thanks to you! For listening. That is gonna do it for us, until next time, my name is Justin McElroy.

[outro plays]

Sydnee: I'm Sydnee McElroy.

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

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